DOCUMENT RESUME

ED 339 458 PS 020 007

AUTHOR Cepeda, Aurora
TITLE Active Intervention for Academically At Risk Preschoolers Using Developmentally Appropriate Materials and Activities.
PUB DATE 91
NOTE 107p.; Ed.D. Practicum, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Academic Achievement; *At Risk Persons; *Compensatory Education; Developmental Stages; *Disabilities; *Early Intervention; Economically Disadvantaged; *Parent Education; Parenting Skills; Parent Participation; Parent Workshops; Poverty; *Preschool Children; Preschool Education; Prevention; Readiness; Special Needs Students
IDENTIFIERS Bracken Basic Concept Scale; Developmental Delays; *Developmentally Appropriate Programs; Preschool Developmental Profile

ABSTRACT

A practicum was designed to provide an intervention for preschoolers who were at risk for academic difficulties. A developmentally appropriate curriculum was used to increase the developmental levels of the children, and training was provided to parents to enhance their parenting skills and knowledge, and consequently to guarantee the stability of the children's developmental gains. Of 157 children in 3 preschool units in 2 school districts, 67 were identified as at risk for academic difficulties. Pre- and post-test data were taken to assess children's gains. Results indicated that the intervention was successful. Significant gains were seen in children's development in cognition, self-care, language, perception, and fine and gross motor functions, and in social and emotional development. Parents demonstrated active involvement in their children's development, and their parenting skills and knowledge of early childhood development increased. Appended are related materials and a list of 58 references. (GLR)

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Active Intervention for Academically At Risk Preschoolers Using Developmentally Appropriate Materials and Activities

ED339458

by

Aurora Cepeda

Cluster XXVIII

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A Practicum II Report Presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1991

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This practicum took place as described.

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This practicum report was submitted by Aurora Cepeda under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

June 20, 1991
Date of Final Approval of Report

Georgianna H. Lowen, Ed.D.

Acknowledgments

This piece of work was possible because of the influence, help, and moral support from many individuals. To Dr. Georgianna Lowen, I express my profound appreciation for her expertise and direction throughout the stages of practicum planning and implementation.

I am deeply indebted to Dr. Diane Kirkwood for her support and optimism as well as her professional insights while I was working on my doctoral program.

To Dr. Ellen Stern, I give my sincere appreciation and gratitude for her guidance, her unflagging support, and for her role in creating many happy memories for Cluster 28.

To B. Joy Gunnet, I owe cordial thanks for her administrative support and for making supervised play possible during the parent workshops.

To Judy Richards go my thanks and recognition for the special unit on health which she taught to the preschoolers and for her input to the District Child Find Plan.

To Christine Neiner, Jan Gordon, Kay Kaufman, Julia Been and Linda Rusinko, I express my gratitude for their leadership and expertise which they shared at the parent training workshops.

To the parents who helped with the posttesting phase of the practicum, I owe them thanks for giving of themselves and their valuable time to get the job done on schedule.

To the preschool teachers: Kristine Headley, Lori Nilsson and Robin Duff and their aides: Diane Smith, Carol Cook and Cynthia Graves,

I am deeply grateful and salute them for their dedication and commitment to provide high quality education for preschool children.

To the 157 preschoolers and their parents, I am especially indebted for their enthusiastic participation which made the implementation of this practicum a challenging, delightful, and fulfilling experience.

To Mr. Homer B. Smith and the entire staff of the Medina County School District Central Office, I express my appreciation for their moral support and goodwill.

To the boards of education of the Buckeye, Black River, and Medina County School Districts, I give them my profound gratitude for endorsing this practicum, their commitment to early childhood education, and their support for early intervention for at-risk children.

To Sue Overton, I am especially grateful for her valuable help with technical detail on the manuscript and for typing the report.

And over all, is the aura of unlimited support of inspiration, encouragement, and prayers from my loved ones. To them, I give my unending gratitude and appreciation for making it possible for me to reach this very important milestone in my life.

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Abstract

Active Intervention for Academically At-Risk Preschoolers Using Developmentally Appropriate Materials and Activities. Cepeda, Aurora Q., 1991: Practicum Report, Nova University. Ed.D. Program in Early and Middle Childhood. Early Intervention/Compensatory Education/ Prevention/Special Needs/Parent Education/Parent Workshops/Parent Participation/Developmental Stages/Readiness

This practicum aimed to provide intervention to preschoolers found at-risk for academic difficulties using a developmentally appropriate curriculum to increase their developmental levels; training for their parents to enhance their parenting skills and knowledge to ensure stability of their children's developmental gains.

The writer coordinated three preschool units in two school districts involving three teachers, three aides, and a speech and hearing specialist providing high quality preschool education to 157 preschoolers; 67 of whom were identified as academically at-risk. Seven training workshops were conducted for the parents to enhance their parenting skills. Pre and posttest data were taken to determine the developmental gains made by the children.

Results indicated remarkable success in early intervention. Significant gains were seen in the children's development in the areas of cognition, self-care, language, socio-emotional, perceptual-fine motor and gross motor functions. Parents demonstrated active involvement in their children's development; increased their parenting skills and knowledge in early childhood development.

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CHAPTER I

INTRODUCTION

Description of the Community

The sites of the practicum were in two of four local school districts comprising a county school system situated in a predominantly rural section of Northern Ohio. Both districts, which will be referred to in this report as District A and District B, have large pockets of poverty within their boundaries. Based on their sub-level socio-economic make-up, they qualify for federal funding through the Disadvantaged Pupil Impact Aid and the Disadvantaged Pupil Program Fund allocations.

In School District A there is a privately-owned sub-standard housing unit where many of the school children and their families reside. There is also a 50-unit federally-subsidized low-income housing project which attracts poor and unemployed families from two major cities within twenty-five miles from the community. Most of the children who come from these housing projects are eligible to participate in the federal school lunch program.

Both districts have had school financial difficulties in the past few years. Recently, both had just lost another attempt to pass a school levy to generate funds for school operation. However, despite financial problems, residents in these districts continue to demonstrate their commitment to serve the needs of their children through local initiatives. They are able to maintain special

education units to serve their students with handicapping conditions. Both districts had initiated parenting programs before state-wide efforts addressing this need were implemented. District B has a Pre-Kindergarten program in operation.

The Practicum Setting

The county school system to which these two districts belong has 31 administrators, 517 classroom teachers, 25 support personnel, 15 supervisors and consultants, and approximately 9,000 students from Kindergarten through 12th grade. The system conducts its academic programs in 20 buildings and facilities located in a geographical area of approximately 380 square miles.

District A had its preschool units in two elementary schools. It started one of its units in a church building but this had to be moved to an elementary school also when problems involving the use of the church facility developed. District B used the educational section of a church building for its preschool operations since all available space in the school buildings was utilized for regular academic programs. All of the sites provided adequate space for instruction and informal activities for the preschoolers, including adequate bathroom and kitchen facilities. Both districts had liability coverages for the use of the buildings. All three sites were approved for public occupancy and they adequately served the needs of the practicum.

The Writer's Role

The writer is employed by the county school system and is assigned to District A as its school psychologist. She has also served as District B's school psychologist at one time and knows the community and its school population well. In her capacity as school psychologist, the writer works closely with the administrators, teachers, parents, and children to promote sound mental health among the school population, enhance the learning process, and identify as well as serve those students found with special needs.

In addition to her regular responsibilities, the writer also assumes tasks to help promote the main functions of the county school system. In this capacity the writer works with administrators, general and special education consultants and support personnel in the planning, implementation, and evaluation of educational programs in the county.

The writer is a certified school psychologist and a licensed professional counselor with undergraduate degrees in Elementary Education and Psychology, a Master of Arts degree in School Psychology, and is in her final year towards a Doctor of Education degree in Early and Middle Childhood.

Her work experience includes teaching a sixth grade class, director of youth work for a church organization, college teaching, consultant for the Special Education Division of the Department of Education (overseas), information specialist for the U.S. Information Service, and school psychologist for a county school system, a position which she currently holds.

The writer served as consultant/coordinator for the preschool intervention programs in the two districts, supervised the administration of the evaluation instruments, and coordinated the parent education component of the practicum.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

For years, the handicapped preschool child has never been under the umbrella of services available through the school system. There was no mandate requiring the public schools to serve children below the legal age for school entrance. Parents were left with the responsibility of seeking elsewhere the help that their children needed.

That has changed significantly with new legislation and revision of public policy. There is a growing awareness about the importance of early intervention for children who are at risk for school failure. Legislative action is requiring public schools to be centers for early education for children and to lead important roles in the implementation of programs aimed to serve the preschool population in the community.

Lubeck (1989) points out that as early as 1974, a suggestion was made that schools should serve as the base of operations for child care programs. Zigler (1986) advocates a return to the community school concept in which the school becomes the hub for all social services for the community.

The trend seems to be headed towards that direction as new laws are passed to serve the handicapped preschool child. Through Senate Bill 140 (Ohio General Assembly, 1989), funds are made available to implement the needed restructuring of the schools and bring about the

changes that will serve the preschool child. Free, appropriate public education for handicapped preschool children for Ohio is up for implementation during the 1990-91 school year through the passage of Am. Sub. H.B. 248 (COSERRC, 1989). The task of meeting the needs of the young child who is handicapped is at hand and requires utmost cooperation between the schools, health and social agencies, and the community.

Besides preschoolers with handicapping conditions, another group of young children that stands as much in need of intervention is the economically-disadvantaged preschool population. Both practicum districts have large concentrations of families who are on welfare because there is no income or the average income is below poverty level.

For these school systems that never had to provide direct services to its preschoolers, the most logical place to start was to find out who these preschoolers were, what were their needs, and how many there were. The problem which the practicum sought to solve was: (a) The school districts did not have an accurate count of their children who were at risk or handicapped, and (b) these children were not getting help for their needs. If these problems were corrected, the following would be evident:

1. The school districts would have an accurate count of their at-risk and handicapped preschool population.

2. Preschoolers identified as at-risk for school failure and/or handicapped would receive early and appropriate intervention.

3. As a result, these preschoolers would have a better chance to succeed in school.

Problem Statement

Briefly stated, the problem was that the school districts targeted in this practicum did not have an accurate count of their at-risk preschool population and that these preschoolers were not being provided with prompt and appropriate help for their needs.

Problem Documentation

As shown in Table 1, 9 out of 34 referrals for assistance came from parents of preschool children, requesting intervention for their suspected or diagnosed handicapping conditions, from September 1989 to February 1990.

Table 1

Initial Referrals for Assistance from September 1989 to February 1990

Grade level	Number
Preschool	9
Kindergarten	3
Pre-First	1
Second Grade	3
Third Grade	7
Fourth Grade	5
Fifth Grade	4
Sixth Grade	2
Total	34

In April 1990, a review of Pupil Information Cards of current students yielded an estimated number of 186 preschool children, three to four years of age residing in both districts. Over 50% was identified as eligible for the Federal Lunch Program based on declared family eligibility for new families. As reflected in Table 2, the number of preschoolers who might be academically at risk was disturbing.

Table 2

Number of Children 3-4 Years Old by September 1990 - Percentage of Children Under the Free Lunch Program and Projected Number of Potentially-at-Risk Cases

School	Number of children	Per. under free lunch	Projected at risk
A	63	30	19
B	57	9	9
C	66	18	12
Total	186	57	40

An informal needs assessment survey was conducted among the primary teachers of both districts in April 1990. Teacher's responses in personal interviews were recorded by central office consultants during their regular on-site visits with the primary teachers. Results of this survey showed a high incidence of children who come to school unprepared to handle the regular Kindergarten curriculum. Year-end reports of Kindergarten teachers indicated a large number of children recommended for retention or for placement in the First Grade

Transition Class. Furthermore, there was an increase in the number of children whose parents were advised by the teachers to delay entrance of their child to school based on Kindergarten screening results as indicated in Table 3.

Table 3

Children Who Failed Kindergarten Screening from 1987 to 1989

Year	Number of children screened	Number of children failed	Percent
1987	141	13	9
1988	141	21	14
1989	162	28	17

In consultations with district and county school administrators, concerns about the implications of serving handicapped preschoolers under the new legislative mandates were frequently brought up for discussion.

In discharging her role and function as a school psychologist, this writer had observed a significant increase in requests from parents of preschoolers with suspected or confirmed handicaps and who sought help in dealing with the needs of their children.

Causative Analysis

In addressing the question on what might have caused the problems that this practicum sought to solve, this writer attributed it to the following factors: (1) economic and demographic patterns of the communities where the problems existed; (b) public school policy regarding services for preschoolers; and (c) a need for coordination in child find, identification, and service delivery.

The statistics on poverty among families is not encouraging. Children's Defense Fund (1988) states that today, one in four preschool children is poor. Human Services personnel think that national statistics on poverty is much too low and add that while 1,400 children in the county receive aid, it is not known how many children, especially those of preschool age, go unfed or without adequate clothing or shelter (Curry & Garrett, 1990).

Almost 6% of the population in the county where the practicum districts belong is poor and three out of every seven who seek help through the Welfare Department are turned away, not because they are not eligible but because of lack of public funds (Curry & Garrett, 1990).

The negative effects of poverty on the young child's development and learning potential cannot be denied or disputed. Reed and Sautter (1990) state that poverty's impact on the public schools reveal alarming incidences of health and social problems and increase in observed cases of learning disability and lack of comprehension and basic skills among the school children.

Weikart (1988) reports that children from economically marginal segments of society are more likely to be delayed in their skills, habits, and attitudes expected in school, and as a result, do not do as well as their middle class peers who get good quality care and preschool experiences.

School districts, until P.L. 99-457, have never been required to provide services for their preschool population. Such had been the case with the districts targeted in the practicum. For years, parents of preschool children in need of intervention for suspected or diagnosed handicaps were told by school personnel to seek help from other agencies in the community offering services for preschoolers. Agencies under this category are (a) the local office of Mental Retardation and Developmental Disabilities, (b) the Easter Seals Program, (c) private day care centers and nursery schools, and (d) church-related preschool programs. However, factors like program limitations, parents' inability to afford the fees that private preschools charge kept many at-risk preschoolers from being served. As a result, many of these children had to wait until they reached legal age to enter public school thus losing valuable time before having their deficits and needs attended to.

Lack of communication and coordination among service providers to the preschool child had created problems in maintaining continuity of services to preschoolers and had worked against the purposes of preschool education. This had pervaded even the area of child find identification for appropriate services. The only time a canvass of handicapped preschoolers was done in the practicum districts was during the December child find campaign required by the State Department

Board of Education. Throughout the rest of the year, data about these children were brought to the attention of school personnel on an as-needed basis.

The apparent reluctance on the part of the practicum districts to serve preschoolers had been based, partly, to school budget constraints and overloaded agendas making it necessary for those charged with decision-making to delay action on intervention for preschoolers. However, recent legislation by federal and state governments had brought about positive changes in the picture, allowing school districts to start initiatives towards serving their preschoolers.

Hopefully, the change in public policy on early education and care as well as government support had helped towards the solution of the current need for early intervention for handicapped and/or at-risk preschoolers due to poor economic conditions, uncommitted educational policy, and lack of unity and coordination among agencies serving the preschool child.

Review of Related Literature

The growing attention and interest in early education and care of children have generated a wealth of literature on the subject. Caldwell (1988) predicts that there will be positive changes in early childhood education and care within the turn of the century which will benefit the children and their families who stand in need of help. Among her predictions are:

1. Early childhood education and care will completely merge.

2. Infancy will be included within the period referred to as "early childhood."

3. The preschool curriculum will include values as well as skills.

4. There will be continuity between preschool and Kindergarten up through third grade.

5. There will be preschool programs for all children of school age, including the gifted, the handicapped, the non-handicapped, the economically disadvantaged, and the culturally different.

6. The critical importance of the early years to the development of an individual will be recognized and appreciated.

Kagan (1989) claims that the concept of early childhood education and care has come of age and is viewed as a potential solution to the increasing social problems that beset American society today. She points out that the positive effects of preschool programs have been supported by scientific research and that the more important questions to deal with is how and where preschoolers should be served; not whether they should be served or not.

Demographic and social trends indicate that the need for preschool programs will continue to increase and that those in the educational field are getting ready for their new roles and responsibilities as parents, political leaders, and other public officials continue to encourage and support them (Day, 1988). These trends that Day refers to are the following:

1. The population of young children is on the increase even as

the number of children under six years of age whose mothers work is also growing.

2. The number of traditional family units where the father works and the mother stays home to take care of their children is decreasing while the number of children living in single-parent households is increasing.

3. There is a persistent problem of poverty among the very young, limiting their opportunities to participate in preschool programs which only the rich can afford.

Edelman (1987) urges the nation to adopt preventive measures that will raise healthy children, self-sufficient young people, and economically-sound families.

The benefits of early childhood education and care as documented in literature are (a) gains in intelligence test scores, (b) cognitive development, (c) acquisition of pro-social behaviors, (d) reduction of grade retention, (e) special education placement and drop-out rates, (f) enhanced self-confidence and motivation to achieve, and (g) increased possibility for employment after school.

Lazar (1983) reviewed major studies in preschool programs for the Consortium on Longitudinal Studies and reports the following salutory and long-term benefits which the early intervention programs brought about:

1. Increased intelligence test scores which were maintained three to four years after preschool experience.

2. Increased arithmetic and reading achievement test scores.

3. Reduced cases of special education placement.

4. Enhanced self-esteem and greater motivation to achieve.

5. Increased possibility of gainful employment in late adolescence and early young adult life.

A study was conducted by Osborn and Milbank (1987) to find out whether preschool education has a positive impact on the cognitive development, academic achievement, and behavior of young children. This investigation which was conducted among preschool children in England revealed that adequate preschool experience helps in the young child's development and increases his/her educational performance. On the basis of their findings, Osborn and Milbank suggest that investment in providing preschool experience for young children offer substantial payoffs in terms of positive academic achievement in children immediately after their preschool experience and possibly throughout their lives.

The child's ability to respond to teachers and others in authority is critical to his/her adjustment and success in school. Studies of Honig, Lally and Mathieson (1982) and Honig and Lally (1982) show that parenting programs, along with day care and home visitation develop positive social and personal attributes such as on-task behavior, cognitive involvement, self-direction, affection, and tolerance among those children who took part in the preschool programs.

Jenkins et al. (1989) examined the impact of physical and social integration in special education preschool programs based on the hypothesis that developmental effects of social integration would be seen in the areas of language and social skills. The resulting data suggest that structuring experience for social integration can bring

about benefits in terms of higher interactive play, language development, and social competence.

Gains in intelligence test scores among preschool participants, especially those from low-income families, as well as those with handicaps, have been observed in the outcomes of some intervention programs. Bryant and Ramey (1987) reviewed 17 experimental programs designed to see the effects of intervention to intelligence test scores and found out that day care with home visitation produced the greatest gains.

Other studies that document significant increase in intelligence test scores include the Abecedarian Project (Ramey & Campbell, 1984; Ramey & Haskins, 1981) which used a cognitively-oriented curriculum and a home visitation program. Studies have shown, however, that these gains declined by the first or second year after preschool participation and were not observed at all by the third or fourth year after preschool experience (Bronfenbrenner, 1984; White, 1985).

Professionals working in the learning disabilities area have conducted several studies on early childhood issues among which are (a) early versus latter intervention, (b) types of intervention, and (c) prevention of learning disabilities.

Hagin (1984) reports that identifying children who are at risk for learning disabilities during Kindergarten and providing them with intervention decreased learning problems and retention in the primary grades.

Weltner-Brunton et al. (1988) observe that advocates of early intervention argue that children who are not diagnosed until the

latter grades are likely to demonstrate more severe problems than those children who are identified in the earlier grades.

Kochanek et al. (1990) looked into child-centered data from birth to 7 years of age and characteristics of their families as possible predictors of disabilities in adolescence. Results of the study indicated that family characteristics proved to be a better indicator of risk for learning disabilities among children 0 to 3 years of age while child performance turned out to be more efficient as a predictor for children 4 to 7 years of age. These authors also suggest that P.L. 99-457 provides opportunities for states to identify and serve high-risk children and their families thus shifting the focus in Special Education from remediation to prevention.

Rothenberg (1990) reports that intervention based on task analysis of Kindergarten curricula and instructional use of such tasks helped students at-risk for learning disabilities make significant gains in the basic functions of reading, writing, computing, and thinking. The reported gains are based on standardized test results collected over an eight-year period after intervention. The study suggests that a consistent and active approach to tasks in the classroom leads students to learn how to master basic functions essential to learning.

Prevention as a workable service delivery alternative is being recommended by Pianta (1990) and suggests that in implementing prevention programs in the schools, the desired outcomes must be clearly identified and defined, screening programs and mechanisms to monitor risk must be established, and schools must offer discussions on the scope of services they provide to the community.

Not all studies report positive results. Based on his analysis of the outcomes of studies in the Consortium projects and Head Start, Haskins (1989) notes that only the Consortium studies show long-term benefits in relation to reduced special education placement and grade retention. The author suggests that results of long-term gains need further study and that caution should be observed in the use of outcomes to support further investment in preschool programs.

White (1985) disputes the positive effects of preschool programs based on his review of 326 intervention studies on poor, handicapped, and medically-at-risk children. He points out that for disadvantaged children, immediate gains on intelligence test scores, reading and motor skills turned out to be less than what was reported and that these gains were lost considerably over time.

Some writers have expressed their misgivings on some aspects of early childhood education. Zigler (1988) states that preschool is not for all three and four year olds and argues that it may not be appropriate if not detrimental to their development. However, Zigler claims in the same article that early childhood education is especially helpful to children who are either disadvantaged, handicapped or culturally different.

Elkind (1986) challenges the benefits of early childhood education in terms of intelligence test score gains based on his analysis of a report on the Head Start Program. He states that the data do not support the benefits that were claimed in the report. On the other hand, Elkind (1988) acknowledges that with appropriate curriculum, early education for economically disadvantaged children

along with medical care, parent education and job training for their parents would go far in solving some of the social problems that beset American society today.

Musselman et al. (1988) report that intervention provided during infancy for the hearing impaired failed to show lasting benefits and offer the following hypotheses to explain why, despite the negative results of their study, early intervention continues to be widely supported:

1. It is possible that early intervention may, indeed, produce long-term gains but the measuring instruments used in the study were not adequately sensitive to record them.

2. Teachers of the children may have been more inclined to evaluate children from advantaged background more positively.

3. Some types of intervention applied during infancy do indeed result in lasting gains and growth for some children.

Neisworth and Yawkey (1985) reviewed literature on five major forms of early childhood education: Kindergarten and Nursery, Center/Home Day Care, Compensatory Education and Family-Based Intervention and conclude that all forms of early childhood programs have a positive effect on children. Their study also reveals that, for children from low-income families, compensatory programs with parent education help in the children's development and education, giving them both immediate and long-term benefits.

The link between poverty and developmental delay in a child is documented in early childhood literature. Cavazos (1989) states that children who grow up in a deprived environment may have been without

parental care, physical nourishment and stimulating intellectual and multi-sensory experiences in the first few years of their lives. As a result, the children grow up with few developed skills, ill health and inadequate resources to learn and deal with the demands of school.

Children most in need of support come from the economically and socially depressed segments of society. It is within these groups that the majority of cases of academic difficulties among children are found (Deutsch, 1983). Basing his postulate on Piaget's developmental theories, Deutsch suggests that a child, regardless of what circumstance he is in, but who has been deprived of a significant amount of the stimuli to which he is biologically ready to respond to, is likely to be unprepared for formal school learning. The author further suggests that a deprived background shows its disastrous effects in the language and cognitive development of the young and the resulting deficits pervade into other areas such as the child's academic and psychological functioning.

Fallon (1973) contends that early intervention is essential for children from poor backgrounds because of the experiential lag that is assumed to occur during the critical period of brain development. The writer suggests that early childhood education appears to be the approach with considerable potential to compensate for the educational deficiencies among poor children.

Early education and care for young children have caught the attention of the public. There is reason to assume that the concept has taken root in the national conscience. The positive change is evident in the surge of interest and energy in generating funds to

support programs for young children. Early intervention for the disadvantaged and/or handicapped preschooler is advocated by many influential individuals and groups as a prime approach to minimize the risk of academic failure. Among these groups who have formally endorsed early childhood education are: the National Governors' Association, the Council of Chief State School Officers, the Committee for Economic Development, and the National Association of State Board of Education (Kunesh, 1989).

The National Governors' Association strongly recommends that states should work with their preschool population from poor families to help prepare them for school, decrease the risk of dropping out so that they do not become dependent upon society as an adult (Riley, 1986).

In 1989, the National Conference of State Legislatures reported that initiation and/or expansion of early childhood education programs are being considered by 33 state legislatures as a major effort to attenuate the risks faced by disadvantaged children and give them the chance to succeed in school and life in general (Kunesh, 1989).

Government involvement in the educational, psychological, and sociological needs of the disadvantaged and handicapped young child has been witnessed during the past decade. Policy-making processes in both federal and state levels have been accelerated resulting in legislative mechanisms that support early intervention for young children who are at risk for developmental delays, academic failure, and emotional difficulties.

In a review of the Tenth Annual Report to Congress on the Implementation of the Education of the Handicapped Act by Gerber and

Levine-Donnerstein (1989), state and federal mandates anticipating full implementation of preschool special education under Public Law 99-457 were discussed. The authors pointed out that the early intervention emphasis was strengthened by the passage of Part H of P.L. 99-457 which aims to increase development in the early years through support of direct interventions to decrease risk among young children. Such interventions would lessen the need for special education placement, related social services, and institutional placement. In addition, the mandate aims to help families become more capable of dealing with the special needs of their handicapped preschool children.

Gerber and Levine-Donnerstein (1989) also point out that under P.L. 99-457, early childhood special education operates under a wider network of services, creating new opportunities, challenges, and risks for those involved. One of the dangers which the authors see is the possible attenuation of the mandate's educational thrust due to competing interests among the service agencies involved; whose leadership, concepts of risk and handicap, commitment to educational intervention, and political influence differ significantly from those in the field of education.

On the issue of early childhood education policy, results of a survey by Meisels et al. (1988) show wide variability among states in matters of policy for early childhood education. The survey also found funding, lead agency administration, and interagency cooperation in preschool programs to be less than adequate. The authors maintain that while early childhood intervention programs are largely determined by entitlements, other issues come into play so that when these issues

are not clear, services are more likely to be of substandard quality.

To bring preschool education policies up to standards, Meisels et al. (1988) suggest that states need to strive for full implementation of the provisions in P.L. 99-457 that apply to the 3 to 5 year old children but at the same time, address the need for establishing quality programs for the children within the 0 to 3 year age range. Furthermore, the authors recommend that states focus their attention to the factors that ensure program quality like funding, program administration, interagency coordination, and professional training.

Amidst all the interest and activity that are witnessed in the field of early childhood education today, there are those who put in a word of caution with the aim to keep the movement from failing but to keep on growing. Scott-Jones and Baker-Ward (1987) recognize that public education for preschoolers is important but they warn that the objectives and benefits of such initiatives must first be clearly specified.

Kagan (1988) states that a consensus is gaining ground to reassess the present day strategies with which young children are served and suggests that the new approaches and policies to be determined must eliminate discontinuity, fragmentation, and inequity in early childhood programs that are being developed and implemented.

Warger (1988) observes that authorities in early childhood education continue to disagree on a number of issues but there are those on which they share common ground. The author states that there is a strong agreement on the importance of the early years to the

development of an individual, that preschool education is good investment for the nation, and that the decisions on preschool curriculum made by those in decision-making positions will have a significant and long-term impact on the education of today's young children in the United States.

In summary, the literature on early education and care of preschool children which has been reviewed cover a number of topics which include current trends in early childhood education, benefits of intervention, problems involving early intervention, the link between poverty and developmental delay in children, the growing support from the public and policymakers, and the role of the public school system in service delivery of early childhood education. In general, the related literature point to the need for the provision of early education and care, especially for young children who come from disadvantaged backgrounds as well as those with handicapping conditions. There is strong evidence from the studies examined that early intervention for these children can help enhance their potential for academic success and for full productive lives later on.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Handicapped and at-risk preschoolers in the two target districts would be accounted for and properly assessed for their developmental needs and participate in an intervention program designed to address their identified needs with provision for parent involvement to enhance and maintain their development.

Early childhood development is a complex and multifaceted process that involves the integration of several aspects: (a) cognitive, (b) affective, (c) socio-emotional, (d) perceptual-motor, and (e) moral. The first five years of a child's life are extremely important and cannot be left to chance as well as far too big to be left to just the parents to carry.

For children who come from deprived backgrounds or who have handicapping conditions, the task assumes far greater proportions because of the expected deficits in their development that must be dealt with. Therefore, thorough planning and appropriate strategies and techniques are needed.

One of the basic needs of the target districts was to have a workable plan to seek and account for handicapped and at-risk preschoolers residing in the district so that early and appropriate intervention could be provided to the children as soon as possible.

Goals and Expectations

The proposed goals of the practicum were:

1. To have an accurate count of at-risk preschoolers in the target districts.

2. To have all preschoolers with identified delays receive early and appropriate intervention.

Behavioral Objectives

The specific objectives of the practicum were:

1. At-risk preschoolers enrolled in the program would be identified according to their developmental delays in cognition, socio-emotional, self-care, language, gross-motor, and perceptual/fine motor skills using the Preschool Developmental Profile (D'Eugenio and Moersch, 1981).

2. At-risk preschoolers would demonstrate a six-month gain in their cognitive development by the eighth month of intervention.

Seventy percent of these preschoolers would be developmentally on chronological age level after the eighth month of intervention.

3. At-risk preschoolers would demonstrate a six-month gain in their socio-emotional development at the end of intervention.

4. At-risk preschoolers would show a six-month gain in their self-care skills at the end of intervention.

5. At-risk preschoolers would show a six-month gain in their gross-motor skills at the end of intervention.

6. At-risk preschoolers would show a six-month gain in their perceptual/fine-motor skills at the end of intervention.

7. At-risk preschoolers would make a gain of six months in their language skills at the end of intervention.

8. Seventy percent of parents of the at-risk children in the program would show active involvement in their children's development by attending at least five of the seven training sessions conducted during the implementation period.

9. Seventy percent of the parents of at-risk children in the preschool programs would report at least 60% of the facts, concepts, and information introduced at each of the sessions.

Measurement of Objectives and Standards of Achievement

Corresponding tools and techniques to determine whether objectives have been reached are listed accordingly:

Objective 1: The Preschool Developmental Profile was to be used to determine entry level skills of children in the cognitive, language, self-care, gross-motor, perceptual/fine motor, and socio-emotional areas.

Class rosters, attendance records, and participation charts (Appendix B) would document children's participation in the preschool programs.

Objective 2: The Cognitive Section of the Preschool Developmental Profile would be used to show at least a six-month gain in cognitive skills among the preschoolers. The Bracken Basic Concept Scale would

be used to show that at least 70% of the preschoolers would be developmentally on level in concept formation by the eighth month of intervention.

Objective 3: The Socio-Emotional Section of the Preschool Developmental Profile would be used to show at least a six-month gain in socio-emotional skills by the eighth month of intervention.

Objective 4: The Self-Care Section of the Preschool Developmental Profile would be used to show at least a six-month gain in self-care skills by the eighth month of intervention.

Objective 5: The Gross-Motor Section of the Preschool Developmental Profile would be used to show at least a six-month gain in gross motor skills by the eighth month of intervention.

Objective 6: The Perceptual/Fine-Motor Section of the Preschool Developmental Profile would be utilized to demonstrate at least a six-month gain in the preschoolers' perceptual/fine motor skills by the eighth month of intervention.

Objective 7: The Language Section of the Preschool Developmental Profile would be employed to show at least a six-month gain in the language skills among the preschoolers by the eighth month of intervention.

Objective 8: The Parent Training Attendance Record Form (Appendix C) would be used to document parent participation in the training workshops, showing attendance in at least five of the seven workshops that would be conducted.

Objective 9: Structured interviews with parents will be employed to determine extent of knowledge on child development gained from

their participation in the training workshops.

Parents would accurately report at least 60% of the facts, concepts, and information introduced.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Programs designed to serve the preschool child who is academically at-risk need the information generated by programs that have been tried. Those that were found relevant to the problem at hand were considered in the development of a plan to solve it.

The Perry Preschool Project was aimed to help disadvantaged children succeed in school. Its positive effects have endured over time. Weikart et al. (1978) report that this project was initially operated in the fall of 1962 through spring of 1967 by the Ypsilanti Public Schools in Michigan. The goal of this project was to see whether a cognitively-oriented program could bring about academic success among economically disadvantaged children. Throughout the program's five-year period, a total of 123 children scoring below 85 (I.Q.) in a standardized intelligence test without organic-based retardation and no major physical handicap entered the program in five successive groupings, one year apart. Approximately equal numbers of children were assigned either to the experimental or control group. Those in the experimental group attended half-day preschool for two years with weekly home visits by the staff, purposely to reinforce the instruction at school through personal contacts with the child and the mother. Those in the control group did not receive either form of intervention but were tested along with the experimental group at the end of the school year.

The curriculum of the Perry Preschool Project is based on Piaget's theories of development and the concept that children are active learners who build their own knowledge from their involvement in activities that they initiate and carry out themselves (Weikart, 1988). He summarizes the results of this project with percentage figures to indicate incidence in the experimental and control groups. They are as follows:

1. Fewer preschool participants were classified as mentally retarded (15% vs. 35%).
2. More preschool graduates finished high school (67% vs. 49%).
3. More attended college or job training programs (38% vs. 21%).
4. More preschool participants held jobs (50% vs. 32%).
5. More were self-supporting (45% vs. 25%).
6. More were satisfied with their work (42% vs. 26%).

Schweinhart et al. (1986) address the issue of quality programming in their report on the High/Scope Curriculum Study. This project served children three and four years of age who came from low-income families in the Ypsilanti, Michigan area. The children were randomly assigned to three curriculum models: (1) the programmed learning approach, (b) the open-framework approach, and (c) the child-centered approach.

In the programmed learning approach, the teacher initiates the learning activities to which the child responds. The emphasis is on the development of pre-academic skills and learning is viewed as the acquisition of correct responses. This is the model on which the DISTAR program is based.

In the open-framework approach, teacher and pupil both plan and

initiate the learning activities. It is the model used by the High/Scope Curriculum and is based on cognitive-developmental theory exemplified by the work of Piaget. It aims to develop fundamental cognitive processes and concepts instead of specific skills.

The child-centered approach basically leaves the initiation of learning activities to the child and the teacher's role is to respond to the child's activities and interests. This represents the traditional nursery school where the focus is on the development of the child's socio-emotional skills and self-expression rather than the building of pre-academic skills.

Commenting on the implications of the curriculum study, Weikart (1988) proposes that successful preschool programs have the following characteristics of curriculum, staffing, and services for the child and his family:

1. A nondirective curriculum model based on well-tried principles of child development with positive intellectual and social results.

2. A class size of no more than 20 children with two adults for each class.

3. Teaching staff are early childhood specialists with undergraduate degrees in early childhood development, child development associate credentials, or staff members under close supervision of an experienced curriculum specialist.

4. Support systems to maintain the curriculum model including administrative leadership in curriculum development, in-service training, supervision and evaluation procedures and teaching schedules that allow for daily planning and evaluation of program activities.

5. Close partnership between teachers and parents in the education and development of children.

6. Active involvement in meeting the child's health and nutrition needs and family needs for services.

Palmer and Seigel (1977) evaluated an intervention program conducted at the Harlem Research Center in New York to determine the effects of minimal intervention at age two and three years. The authors found out that even just a little amount of intervention can have positive and durable impact given the right age of the child and the conditions at the time of intervention.

The study involved 315 black males born in the hospitals of Manhattan, New York in 1964 and divided into three groups. One group received direct compensatory instruction to develop basic concepts. The second group was left to achieve the same through self-initiated discovery activities. The third group did not receive any intervention at all.

Results of this study under review demonstrate that both types of intervention, direct instruction, and self-discovery are beneficial to children. Furthermore, the authors found that there was no significant difference in its impact on both types of intervention. Positive results were found to be still evident two years beyond the preschool intervention experience.

Palmer and Seigel (1977) give eight assumptions that guided the development of their intervention curriculum:

1. Intervention designed to change the intellectual, affective,

and social development of a young child should be carried out as early as feasible.

2. Intervention should involve training in basic concepts which form the foundation for later learning.

3. Intervention should help develop in the child skill in organizing stimuli for responding to key persons in his/her environment.

4. Intervention should develop a positive attitude towards learning.

5. Intervention should take place in context and be consistent with the developmental level of the child.

6. Effects of intervention must be enduring.

7. Intervention for children aged two years and below should be kept minimal.

8. Intervention must have the cooperation and trust of the child's mother.

Other sources of information needed in adopting or developing strategies for serving at-risk preschoolers are found in the model programs developed through federal funding and approved for nationwide dissemination. Among these programs are the Handicapped Children's Early Education Programs (HCEEP) reviewed by Karnes and Slayton (1988).

The Macomb 0-3 Rural Project was designed to provide an effective academic remedial program for optimal development of handicapped infants in the rural areas and in helping the parents acquire skills and knowledge to become more capable of helping their children.

The children served by the project are those at risk for

developmental lags or disabilities as well as those with confirmed specific handicapping conditions.

The method of service delivery is home-based plus center programming. One of the exemplary qualities of the program is its basic assumption that the parent is the primary change agent and that success of the intervention depends on his/her degree of cooperation and enthusiasm.

The program also participates actively in local agency activities, provides in-service training, and participates in transition activities to ensure smooth passage of the child from one program or intervention level to the next.

The Multi-Agency Project for Preschoolers (MAPPS) operates in the campus of Utah University and serves children 0 to 5 years of age who are either developmentally delayed, enrolled in Head Start or Family Support Center programs or reside in Navajo Reservations or air force bases. The service delivery option is also home-based. Its theoretical orientation is developmental and behavioral with a highly individualized approach. Attention is also given to the needs of the child as he/she moves from one level of intervention to the next or into the regular school program.

The Lafayette Parish Early Childhood Project reported by Alexander and Lovelace (1988) was designed to serve preschool children with developmental needs but could not be served through the Head Start Program. The intervention strategy used in this project was mainly in the form of compensatory instruction with a parent involvement component, a high-intensity skill development curriculum

which included language development, visual-motor development, visual-motor integration, visual-perception, visual memory, basic concepts, and socio-emotional adjustment.

Results of this project proved to be effective in terms of academic achievement, parental involvement and impact on the younger siblings of the participating preschoolers, and cost effectiveness. The project children performed in the average range in reading, language arts, and mathematics based on posttest results. The parents demonstrated increased awareness of the value of active involvement in their children's learning activities as well as their knowledge of basic concepts in child development.

Most of the preschool programs discussed so far indicate the importance of a parent involvement component. Parent involvement is firmly recognized and accepted as an essential characteristic of a good early childhood program (Mitchell, 1989).

Robinson states that the importance of parent involvement in early intervention is due to its positive impact on child development. One reason given by professionals and parents which Robinson cites is that since the young child's life is mostly spent with his/her parents, the more knowledgeable the parents are about child development strategies, the greater is the impact of intervention.

Compensatory education which was increasingly depended on to serve children from disadvantaged families led to the wide use of direct involvement of parents in the instruction of their children (Robinson, 1988). However, due to the changes in family life patterns, the author suggests that use of parent-mediated instruction be

individualized to be relevant to individual family needs and difference. Otherwise, the author adds, the strategy may not always work.

The frequent criticism against reported increase in intelligence and achievement test scores after preschool experience is that the gains did not last but were lost after a period of time. Yeates et al. (1990) suggest that parent involvement is the key to sustaining the gains that were made. This is especially essential to a school child who is at-risk.

The literature on early childhood education provides valuable suggestions that might help towards the development of solution strategies for the problem under consideration.

Deutsch (1973) suggests that a compensatory program for children from age three to four may be the best measure towards preventing future disabilities and for remediating current specific skill deficits. He further states that such a program may help minimize the negative effects of the discontinuity between the environments of home and school which is usually more severe among disadvantaged children. This, Deutsch believes, should increase the at-risk child's ability to deal with the demands of formal schooling.

Palmer and Seigel (1977) emphasize that it is not enough to just provide the preschool child with a stimulating physical environment and expect positive results. Both authors claim that while stimulation of the visual, auditory, and tactual modes is essential, the child needs to develop the ability to organize information for response to another person. This is achieved, both authors found out, through the

child's interaction with his/her teacher and the warm, affective relationship between them.

Elkind (1988) gives the following points to consider in developing a curriculum that is appropriate for the preschool population that will be served through this practicum:

1. Learning among young children is manipulative and basic in contrast to the learning of older children which is mainly symbolic and acquired.

2. Early childhood learning is open and connected rather than compartmentalized as is the case in older children.

3. Learning among young children is guided by a need to find stimuli to exercise their developing abilities.

4. Play is a learning mode that serves a special function among young children.

Fallon (1973) suggests that a high quality early childhood program includes opportunities for the child to select his/her own experiences; time for quiet as well as vigorous activity, opportunities for individualized self-directed experiences as well as group experiences and adequate flexibility in class schedule so that the children are allowed to spend time with activities that interest them. Fallon also recommends that classrooms must be arranged around interest centers that will draw the attention of the children and actively involve them in the learning process.

Description of Selected Solution

The solution strategy selected involved using a compensatory

education approach based on a developmentally appropriate curriculum with a parent training component.

The target population of the practicum included preschoolers with identified or suspected handicaps as well as those who came from low income families within the districts. These preschoolers were not being served because there was no program designed to meet their needs administered by either of the districts.

Examination of the literature indicated a strong endorsement of compensatory education as an effective strategy for economically disadvantaged children. Love and Osbourne (1971) regard this type of approach as a way of meeting the children's basic needs in order for school learning to take place.

Deutsch (1973) looks at it as a viable way of bridging the wide discrepancies between home and school which a child from a disadvantaged background must reconcile. The author also asserts that growth depends on guidance of stimulation; a factor that is inherent in strategies like compensatory education or direct instruction. This is important to the child who does not always have the opportunity within his/her home environment to acquire skills that are prerequisites to school learning.

Review of the literature also identified parent involvement as an important characteristic of good early childhood programs. Its positive impact on child development as well as its influence on the durability of gains made, affirm it as an integral component of early childhood programs. On this basis, parent involvement was included as a part of the solution strategy for the practicum.

A developmentally appropriate curriculum is considered essential for every preschool program of intervention. The National Association for the Education of Young Children, in expressing its stand regarding standards for early childhood programs, states that high quality developmentally appropriate practices should be maintained (Bredekamp, 1987).

While the practicum's main thrust was on serving the needs of at-risk preschoolers, there was also a need for the target districts to develop a plan for finding and identifying handicapped children from birth to four years of age that was workable and consistent. Solution of the problem depended on effective leadership techniques which would forge collaborative efforts among the agencies within the communities and the schools so that children who are at-risk and/or handicapped would be identified and be provided with early intervention. The annual response to child count mandates from state departments of education did not seem to adequately meet the needs of the district when it came to case finding and identification.

The choice for these strategies was based mainly on review of literature. Programs which have dealt with the same problems, using a developmentally appropriate curriculum and parent training, produced positive outcomes. Furthermore, the selection of these approaches as methods of dealing with the problem was also determined by the availability of funds from state and federal sources as well as the approval and support of the decision-making officials in the school districts. The goals of this practicum were regarded by the school and community as relevant to the needs of

the preschool population in the target school districts and they fully endorsed its implementation.

Preschool Curriculum

To provide the academically-at-risk preschool child with a developmentally appropriate learning environment, experiences, and materials, three preschool units were in operation in the two target districts during the 1990-91 school year. Two units served economically-disadvantaged children while the third served preschoolers with special needs.

Standards for the preschool programs under this practicum were adopted from guidelines issued by the Division of Early Childhood Education of the Ohio Department of Education. The basic aim of the preschool programs was to promote among the young children self-confidence, self-expression, and active involvement in their environment. The role of the teachers was to encourage and facilitate the children's explorations, efforts towards mastery of basic skills, and to foster problem-solving, independence, and cooperation.

The preschool program's basic features included the following:

1. A curriculum that focused on hands-on experiences and a feeling of success among the participating children.

2. A regular schedule that provided for structured group activities as well as informal activities in which the children were free to select among a variety of planned projects or those initiated by themselves.

3. Flexibility in the class schedule that allowed for changes

when the children's interests or needs indicated more urgent priorities.

4. Children interacting freely and learning from each other either spontaneously or through the guidance of teacher or aide.

5. A philosophy in classroom management that allowed the children to resolve their differences among themselves first before asking the help of an adult and which expected the children to accept appropriate and necessary limits.

Since the teacher was considered a key factor to the success of the program, extensive effort was directed towards the selection of the teachers based on their knowledge of the early developmental process, sensitivity to the young child's view of the world, and a good understanding of the special role and function of a teacher of young children.

Great care was taken to provide appropriate physical settings in which to operate the programs. The classrooms had adequate space which allowed for separate areas so that each component of the curriculum could operate independently and simultaneously. The preschool classroom included areas for quiet concentration, individual or small group projects, or whole-class activities. There was adequate shelving space, attractively and logically arranged, as well as within the reach of the children. Tables and chairs were the right size for the preschoolers. They were easy to move around to allow for altering the activity space when needed. Books, toys, puzzles, musical tapes and records and other materials were safe, durable, and developmentally appropriate. Handwashing and toileting facilities were easily accessible to the children.

To maintain professional growth and efficiency among the preschool staff, supervision, consultation, and in-service training were provided by the county and district educational and psychological consultants. The daily operational needs of the preschool units were taken care of by the building administrator where the program was located. This writer worked with the preschool staffs and school administrators to keep the implementation process in focus and on schedule.

Parent Training and Parent Involvement

The parent training component included a series of workshops held monthly, addressing key concepts in early childhood development, essential skills needed to work with very young children, and resources to parents of young children.

Coordination of the parent training workshops was the responsibility of this writer. The county schools consultant in charge of parent training helped with contacting workshop leaders and the procurement of materials.

Parent involvement was fostered through newsletters from the teachers, sent every two weeks to keep the parents informed about important news, highlights during the two-week period, plans for major activities, and important reminders. Other opportunities for parent involvement included provision of snacks, serving as drivers and/or chaperons during field trips, and helping out as aides or resources for class activities such as reading, story-telling, story-acting, singing, and crafts.

District Plan for Child Find and Reporting

To develop a comprehensive plan for reporting, identifying and screening handicapped children from birth to four years of age, this writer formed a committee composed of the district health nurse, the district's speech and hearing therapist, the consultant for preschool education, and two parents from the advisory committee. The local Parent Teacher's Organizations in the two districts as well as the Child Welfare Office of the Human Services Department were contacted but they declined to serve in the committee. They indicated, however, that their organizations would help in other ways towards the goals of the committee.

Report of Action Taken

The implementation of this practicum designed to provide active intervention for academically-at-risk preschoolers started on August 15, 1990 and ended on April 30, 1991. It proceeded in three phases:

1. Phase I: Organization, Registration and Pretesting
2. Phase II: Preschool and Parent Training Programs in Operation
3. Phase III: Posttesting and Program Evaluation

Phase I: Organization, Registration and Pretesting

As soon as approval of program funding was received from the state department, a general announcement from the superintendents was sent to the residents of the districts informing them that programs for children three to four years of age by September 30, 1990 would be in operation during the 1990-1991 school year.

Preschool registrations were held on August 6 and 7 for District A and on August 14 and 15, 1990 for District B. A total number of 177 preschoolers were signed up in both districts. Eighty children registered at School 1 and 30 at School 3 in District A. School 2 at District B reported a total enrollment of 67. Approximately 50% of the children enrolled at School 1 and School 2 came from economically-deprived families, based on reported incomes for the Free Lunch Program. Twelve of the children enrolled at School 3 were identified with handicapping conditions by an evaluation team made up of the district school psychologist and speech therapist. The handicaps were mostly communication disorders and language delay while the rest were health-related problems.

It was the districts' policy to give admission priority to economically-deprived and special needs children. State standards required that an approximate equal number of typical children would be included in the program to maintain a cross-section of children in the classes. Both districts did not find a need to turn away any child who wanted to be in the program and the state-mandated 50-50% proportion of at-risk and not-at-risk preschool population was achieved.

Due to the unexpected large enrollments in both districts, an administrative decision was made to operate the preschool program in half-day sessions. Three-year olds were scheduled to be in school Tuesdays and Thursdays while four and five year-olds were scheduled to attend on Mondays, Wednesdays, and Fridays. For purposes of identification, the three operating units were given labels:

(a) Unit I referred to the four classes with economically-disadvantaged children in District A; (b) Unit II referred to the four classes with economically-disadvantaged children in District B; and (c) Unit III referred to the four classes with special needs children in District I.

Starting dates varied among the three units but by the first week of September 1990, all three units were in operation.

In every undertaking, there are crises to contend with and this practicum had its share. The first happened in Unit I, within the first week of its operation. This Unit was first housed in a church building, but within the first few days after school started, conflicts in relation to the use of the building developed. As soon as it was clear to this writer that something had to be done so as not to jeopardize the delivery of service to the children and risk the success of the program, she consulted with the head of the school district and a space in one of the school buildings was converted into a classroom for this unit. The parents who were getting concerned about the situation applauded the move and the program continued to operate smoothly after that.

To formally inform the parents about the program's goals and philosophy and to give them an overview of the preschool calendar, three parent orientation meetings were held: (a) Unit III - August 29, 1990; (b) Unit II - September 4, 1990, and (c) Unit I - September 5, 1990. At these meetings, the parents were encouraged to ask questions and present their concerns. They were asked not to expect daily worksheets or crafts and art projects from their children. They were also reminded to be sure that their children

have adequate rest and food and are dressed comfortably and appropriately for school. They were encouraged to visit the classrooms, consult with the teacher, aide, and other school personnel about their concerns. They were also enjoined to be involved as volunteer aides as their time allowed.

During this phase, an advisory committee was formed with equal representation from both districts. This writer, who was appointed by the district superintendents to serve as consultant to the programs, coordinated the formation of the committee which held its initial meeting on August 9, 1990. The following served as members of the advisory committee:

1. Speech/Language therapists in the two districts (2)
2. School Nurse from the County Health Department (1)
3. Kindergarten teachers of both districts (2)
4. Elementary School Principals of both districts (2)
5. Treasurer of District A (1)
6. Preschool teachers hired for the programs (3)
7. Parents from both districts (6)
8. Preschool paraprofessionals (3)

To obtain baseline data on the children's developmental levels, the Preschool Developmental Profile was scheduled to be administered by the second month of implementation which was October, 1990. However, due to the large number of children to be tested, more time was needed for pretesting. A strike of bus drivers and cafeteria workers in District A created a disruption in school operations. This caused many parents to keep their children from reporting to school.

On account of this, pretesting was hampered and not all children were administered the Bracken Basic Concept Scale which was the second instrument in the plan to be used for measuring the gains in the children's development. Despite these obstacles, pretesting with the Preschool Developmental Profile was completed in November 1990.

Phase II: Preschool Program Operation and Parent Training

Preschool Program Operation

The preschool programs in the three schools were in full operation by the first week of September 1990. The children easily adjusted to the experience of riding the school bus for the first time and mastered the arrival and departure routines within the first week of school. There were a few children who needed time to get over the experience of separating from their mothers. With teacher, aide, and parent working together, these children soon got over that difficulty and got involved in the class activities quickly.

Curriculum Content

The content of the curriculum was based on the developmental areas designed by D'Eugenio and Moersch (1981). They are: (a) Perceptual/Fine Motor; (b) Social Emotional; (c) Speech and Language; (d) Self-Care; (e) Gross-Motor, and (f) Cognition with its following sub-domains, Classification, Numberation, Spatial Relations, Seriation, and Time Concepts.

The teachers considered these areas in their daily plans and made their own choices of activities and materials to implement them.

Daily Schedule

To achieve an environment in which the children would be able to pursue active learning, a consistent daily routine was set up by each of the teachers. The daily routine was based on the "plan-do-review" sequence suggested by Weikert (1979). It included these basic components:

1. Planning Time: This usually started the day's routine, after greeting time. Children were given the opportunity to express their ideas to the teacher and aide and viewed themselves as capable of making decisions and acting on them. Thus, they gained a sense of independence and control over their lives and experienced being listened to by an adult.

2. Work Time: During this period, the children were actually involved in the tasks they chose for themselves. The children were encouraged to work out their plans while the teacher and aide took a back seat and watched how the children gathered the information they needed, how they interacted with peers, and how they solved their differences. The teacher and/or aide only entered into the children's activities to encourage, extend, and set up situations that called for problem-solving.

3. Clean-Up Time: This component naturally came after work time. Children were expected to pick up, clean and put away materials, tools or unfinished projects, and restore the work space to some degree of neatness and orderliness. To facilitate this part of the routine, teacher and aide had to set the classroom up in an organized way so

that the children could work on their own. Storage spaces were clearly labeled and within easy reach for the children.

4. Recall Time: This last phase of the daily routine gave the children an opportunity to relate their experiences in developmentally appropriate ways. They were encouraged to recall highlights or their experiences during work time and related them to the rest of the class. These helped the children learn how to participate in verbal exchange as well as to listen to and express appreciation for the other person's verbal contributions. After this period, the children were ushered into the closing activities.

All three teachers made an effort to maintain a good balance between small and large group activities, structured and informal activities, and between quiet and active times.

Physical Setting

The classroom environments in the three schools were of varying degrees within meeting the ideal standards but all three were considered adequate for the needs of the program.

Unit I, which had to move from a church building at the start of school, held classes in a corner of the cafeteria in one of the elementary schools. Temporary walls, which failed to screen out noise, shelves, and extra carpeting helped to convert the space into a classroom for the preschoolers. It had adequate storage space and the tables and chairs were of the right size for preschoolers. The space allowed for distinct areas to set up housekeeping, dressing-up, and pretend-play corners. The problem with competing noise during the lunch hour was solved by moving the class into the library for story

time and other quiet activities. Playground facilities were not all suitable for the physical size of the children but there were pieces of play equipment that they could use. The toilet and handwashing facilities were not close to the room and had to be reached by climbing a flight of stairs. However, the children soon adjusted to the bathroom routine, enjoyed taking turns in carrying the plastic steps which they used to reach the sink for handwashing. Negotiating the steps every day helped them to master that skill better than expected.

Unit II had the most ideal classroom among the three. The unit held classes in a church basement which the children and the staff had entirely to themselves during the week. There was abundant space for as many interest areas as they wanted to have. Kitchen and bathroom facilities were adjacent to the classroom. And there was a wide indoor play area that they used during the winter months when outdoor play was not possible. The teacher and aide utilized several nooks and corners for private, quiet time activities for the children.

Unit III was in a regular classroom with adequate space for large and small group activities as well as distinct areas for housekeeping, dressing-up, block, science, art, and reading centers. The outdoor playground space was easily accessible to the children and the pieces of play equipment were especially built for the preschool child.

Field Trips and Special Classroom Visitors

The three preschool units took time out during the school year to go on field trips or to visit with special guests invited by their teachers to talk about a special topic. The following is a summary

of the field trips and classroom visits that took place during the school year.

1. September 1990: The children of Units I and III were given a guided tour of the building by their principal to give them an idea of the larger physical setting where they would be spending some of their time during the school year. Special stops included the principal's office, the gymnasium, the lunchroom, and the playground.

The classes of Unit II visited the upstairs section of the church building where their classroom was and visited with the minister and his staff.

2. October 1990: Unit I took a walk outside when it was a typical autumn day and collected leaves of different shapes and colors.

Unit II walked to an apple orchard and watched apples being picked; identified them by color and size. The children also helped pick those that fell on the ground. At the end of the trip, each child had an apple for snack.

3. November 1990: A mother of one of the preschoolers who is a Sioux Indian visited Unit III classroom attired in her authentic Indian dress. She spoke to the children about American Indians and let them handle some of the jewelry and artifacts she brought along.

The children of Unit II visited an Amish farm and watched how apple butter was made.

Unit I morning classes visited the school kitchen and watched the cooks prepare lunch for the day. The afternoon classes visited with the custodians during their break and asked them what they do in school.

4. December 1990: All three units had visits from Santa Claus.

5. February 1991: Unit III preschoolers walked to the local post office where they were shown what steps are involved when a letter gets mailed. Each child put a stamp on the Valentine card he/she made, sealed, stamped it with the postal marker, and then dropped it in the mailbox.

Unit II classes walked upstairs and listened to the church organist rehearse on the church organ.

6. March 1991: Unit I classes had a series of three presentations by the school nurse on "How to Keep the Heart Healthy." The preschoolers had "hands-on" experience with junior-sized stethoscopes and listened to his/her own or a classmate's heart beating.

7. April 1991: Unit III classes went on a field trip to one of the grocery stores in town and got to see what goes on in the backroom of a grocery store and what it looks like. At another time, they walked to the fire station and had a chance to see the fire engine at close range, touched it, and even tried the driver's seat.

8. May 1991: Unit III children had two special classroom visitors during this month. An exotic bird breeder brought a couple of her birds and showed them to the class as she talked about her hobby and about birds in general. At another time, the father of one of the preschoolers who is a beekeeper came with his equipment and talked to the children about bees.

Parent Training Workshops

The series of training workshops were held each month from October 1990 through April 1991. The topics were adopted from those

suggested by the Ohio State Department of Education's program "Training Ohio's Parents for Success" but content and materials were carefully adapted for parents of young children. The two districts decided to have separate workshop dates and used the same leaders, topics, and materials. Parents of District A chose to join in one workshop series.

Meeting times were in the evenings to accommodate most of those parents who work. In District A the building principal where the workshops were held set up a supervised play time for the children who came with their parents. This was an effort to help parents get dependable care for their children while attending the workshops. Two sixth grade girls under the supervision of an adult volunteered to watch the children at play while workshops were in session.

These workshops were presented during the parents' orientation meeting at the start of the school year. The parents were encouraged to participate in these workshops and were told that they were an important component of the preschool program.

The topics, dates, and recorded attendance in each workshop are as follows:

Workshop I

Topic: Growth and Development of the Young Child

Dates: District A - 10/22/90

District B - 10/23/90

Attendance: District A - 77; District B - 17

Workshop II

Topic: Communicating with my Preschooler

Dates: District A - 11/19/90

District B - 11/15/90

Attendance: District A - 69; District B - 15

Workshop III

Topic: Health and Nutrition for the Young Child

Dates: District A - 12/10/90

District B - 12/13/90

Attendance: District A - 58; District B - 19

Workshop IV

Topic: Discipline for the Preschool Child

Dates: District A - 1/14/91

District B - 1/15/91

Attendance: District A - 42; District B - 12

Workshop V

Topic: Problem-Solving and Decision-Making for Three and Four Year Olds

Dates: District A - 2/11/91

District B - 2/7/91

Attendance: District A - 39; District B - 19

Workshop VI

Topic: Building the Foundations of Effective Study Skills in Young Children

Dates: District A - 3/7/91

District B - 3/4/91

Attendance: District A - 45; District B - 16

Workshop VII

Topic: Access to Support Systems in the Community for Parents of Young Children

Dates: District A - 4/8/91

District B - 4/11/91

Attendance: District A - 72; District B - 20

Pupil Involvement

For Units I and III, attendance was recorded daily by the aide and reported to the office like the rest of the classes in the school building. Unit II kept a log of its attendance and reported it in consolidated form to the district office at the end of the school year.

After observing the children's participation in daily activities during the second month of operation, this writer, in consultation with the preschool staff, decided to drop the original plan to keep a log of every child's involvement in the interest centers for two reasons. First, it was obvious that every child was actively involved in the activities in the classroom. Second, keeping track of each child's fast-paced movement from one interest area to another would be difficult to do, especially with the large enrollment, and third, it would not be a wise use of time for the teacher or the aide when they have more important things to do. Instead, it was decided to represent children's participation based on their attendance patterns.

Preschool Staff Meetings and In-Service Education

Meetings with the preschool staff were held at least once a month.

These meetings coincided with the parent training workshops with time set aside for this activity before the evening meetings with the parents. These meetings served the dual function of in-service training and program assessment. The general progress of the children was reviewed, problems relating to daily classroom operations were dealt with, and techniques, strategies, and materials that were relevant to the current needs in the classroom were discussed. Possible suggestions with regards to their application were recorded by the teachers.

Regular visits by the county school district consultants were vital opportunities for the teachers to get the help and direction that they needed to maintain the high quality of the preschool program.

At the start of the school year, the preschool teachers had the chance to visit other preschool programs within the area as well as visit each other's classroom to get new ideas that they might try with their own classes. On May 1, 1991, the teacher for the preschool handicapped unit (Unit III) was able to attend the state department-sponsored workshop on the new regulations for programs for handicapped preschoolers.

Committee Meetings

The advisory committee met four times during the school year: 8/9/90; 10/3/90; 12/10/90; and 5/27/91. The first meeting was called to inform the members about the program's goals, philosophy, and organization. The second and third were called to update the members of the needs of the program and to discuss ways of dealing with them. At the third meeting, the needs relating to posttesting the children

were dealt with. The final meeting was aimed to review the program's impact on the children who participated and their families and to draw up recommendations for the following year.

At its final meeting, the significant issue that this committee had to contend with was the non-renewal of funding from the state department of education. With the positive impact of the program upon the children and the strong endorsement from many of the parents, the committee recommended to continue the program for the following year and support it mainly by charging reasonable and competitive fees for attendance. The possibility of subsidizing the expenses of children from families who cannot afford through other means is being looked into at this writing.

The Child Find Committee held three meetings during the school year: 12/14/90; 2/6/91; and 5/27/91. At the initial meeting, the committee members determined to make personal contacts to key members and professionals in the community for possible solutions to the problem of finding and reporting children 0 to 3 years of age who might be at risk academically later on in their lives. At their second meeting, they updated each other on the progress they made, and at the final meeting, they were able to draft a tentative plan.

Phase III: Posttesting and Program Evaluation

Posttesting of the children who participated in the preschool programs was done in April 1991 to measure the gains they might have made as a result of their preschool experience. Due to the large number of children who had to be tested, a set of six parent

volunteers in each unit were trained to assist in the administration of the Preschool Developmental Profile (D'Eugenio and Moersch, 1981). This writer coordinated this aspect of the program. It proceeded as follows:

April 2 and 3, 1991 - Training sessions held for parent volunteers

April 4, 5, and 8, 1991 - Posttesting, Unit II

April 9 through 12, 1991 - Posttesting, Unit I

April 15 through 17, 1991 - Posttesting, Unit III

The Bracken Basic Concept Scale (Bracken, 1984) was administered to the children in Units I and III only because personnel in District B who expected to administer this test were not able to do so. Nevertheless, a total of 108 children were tested by the end of April 1991. This writer and the speech and hearing therapist of District A combined efforts to get it done within schedule.

To determine the impact of the training sessions on the parents of the children, 20 parents, randomly selected from the list of those who attended the sessions, were interviewed to assess the extent of their acquisition of facts and concepts in early childhood development and child-rearing.

Individual conferences with the parents were held throughout the month of May 1991 to discuss the test results on each child and its implications to their development. Suggestions for summer activities to maintain the gains made by each child were also considered. At these meetings, the parents were asked to give their assessment of their child's preschool experience as well as suggestions to improve succeeding preschool programs in the school district.

CHAPTER V

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Results

Active intervention for academically-at-risk preschoolers using developmentally appropriate activities and materials proved to have a positive impact on the children's development. The following procedures were used for the analysis, interpretation, and presentation of the results:

1. Pretest scores on the Preschool Developmental Profile were tallied and averaged to get representative scores for the different domains. A total of 67 children whose scores in at least four of the six domains (Perceptual/Fine Motor, Cognitive, Speech and Language, Socio-Emotional, Self Care and Gross Motor) showed at least a six-month delay from chronological age, comprised the target group of this practicum. Test scores of the rest of the children who participated in the preschool program were also tallied and averaged.

2. Pre and posttest age scores on the Preschool Developmental Profile were compared for each child to determine the gains made. These gains expressed in months were tallied and averaged to get a composite score in each domain.

3. Each child's composite score on the Bracken Basic Concept Scale was tallied and the number of children who were found developmentally on age level in concept formation was recorded.

4. Entries on the children's daily attendance records were tabulated to indicate pupil participation in the program.

5. Parent signatures on attendance sheets at the workshop sessions were tallied to indicate parent attendance.

6. Responses of the 20 parents who were randomly selected for interviews were analyzed, tallied, and averaged to determine the impact of the training workshops on their understanding of the development of young children.

The results of this practicum are presented according to each objective.

Objective 1

After the second month of practicum implementation, academically at-risk preschoolers were identified according to their developmental delays in cognition, socio-emotional, self-care, language, perceptual-fine motor, and gross motor skills, using the Preschool Developmental Profile.

This objective specified that identification through pretesting was to have been completed by the second month of practicum implementation which would have been October 1990. However, a strike of non-certified employees in one of the target districts hampered school attendance and delayed the completion of pretesting by two weeks.

Pretesting was completed in the second week of November 1990 and from the results, a total of 67 preschoolers were found with delays, averaging from 10 to 13 months in the six developmental areas.

Table 4 shows that the mean chronological age of this group of children at pretesting was 4 years 4 months. The mean developmental age in each of the six areas, based on pretest results, ranged from 3 years 3 months to 3 years 6 months; a developmental lag of roughly one year.

Nine economically-disadvantaged children who were found without significant delays were included with the group of not-at-risk pupils in the program.

Table 4

Developmental Delays of At-Risk Preschoolers Enrolled in the Preschool Program, Showing the Average Developmental Age in Each Area Before Intervention

Developmental area	Mean develop. age	Delay (in mos.)
Perceptual/Fine Motor	3 years 5 months	11
Cognition	3 years 3 months	13
Language	3 years 6 months	10
Socio-Emotional	3 years 3 months	13
Self-Care	3 years 4 months	12
Gross Motor	3 years 6 months	10

Note. N = 67. Mean C.A. = 4 years 4 months

Objective 2

By the eighth month of intervention, at-risk preschoolers demonstrated a gain of over two years in their cognitive development, based on their performance on the Preschool Developmental Profile.

Figure 1 shows a 26-month increase in cognitive skills. The average developmental age of the children at the start of intervention, indicated as Pretest Mean Developmental Age, was 3 years 3 months. By the end of intervention, the Mean Developmental Age was 5 years 5 months; exceeding the average chronological age of the children at posttest time by 5 months.

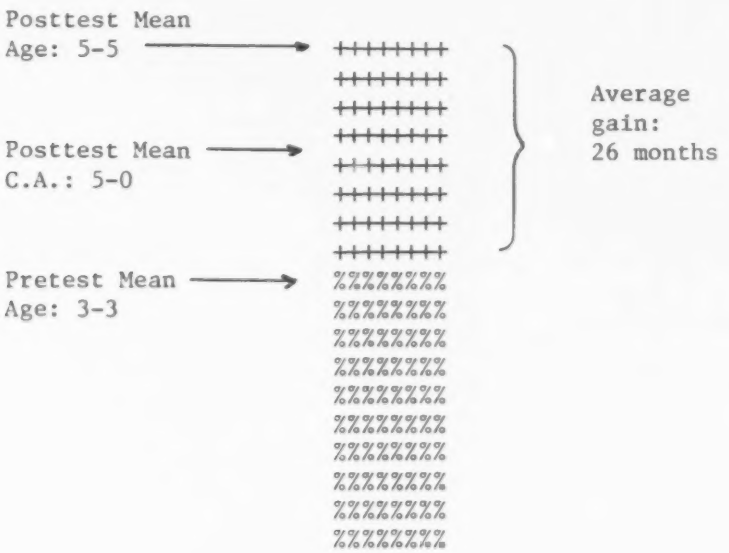

Figure 1. Average gain of at-risk preschoolers enrolled in the preschool program, in cognitive skills, after an 8-month period of intervention.

Cognitive skills are those skills which the preschooler depends upon to explore and understand his/her physical world. They are critical to a child's success in school because these skills are

regarded as prerequisites to academic learning. The different cognitive skills assessed by the instrument used are: (a) classification, (b) numeration, (c) space, (d) seriation, and (e) time.

Table 5 shows that the children made gains in all of the cognitive skills. The greatest gain was in classification; the ability to group objects into general classes and subclasses. The second gain was in the concept of time which involves concepts of age, relative speed of objects, and using time to order events. The least gain was in number concepts; the understanding of quantity and the characteristics of and association of number symbols.

Table 5

Gains of Participant At-Risk Children in the Different Cognitive Skills, After 8 Months of Intervention

Cognitive skill	Average gain (in months)
Classification	14
Time	12
Space	9
Seriation	9
Number	7

Based on the test data presented in Figure 1 and Table 5, Objective 2 was adequately met.

Objective 2A

By the eighth month of intervention, 7 out of 10 at-risk preschoolers were found to be developmentally on or above chronological age in basic concept formation.

This objective was meant to give more insight to the children's level of mastery of basic concepts and to satisfy parents' concerns over their child's readiness for Kindergarten. The data pertain to children in Units I and III only since lack of personnel did not allow for the administration of the test to the classes in Unit II.

Results in Table 6 show that 36 out of 48 at-risk preschoolers were found to be on or above chronological age in their knowledge of basic concepts. A total of 12 were found to be performing slightly below chronological age expectations. According to these outcomes, this objective was successfully met.

Table 6

Number of At-Risk Preschoolers, Enrolled in the Program, Found to be On, Above, or Below Chronological Age Level in Basic Concept Formation After 8 Months of Intervention

Category	Number
On age level	5
Above age level	31
Below age level	12

Note. N = 48

Objective 3

At the end of the eighth month of intervention, at-risk preschoolers demonstrated a 15-month gain in their socio-emotional skills based on their scores on the Preschool Developmental Profile.

Figure 2 shows that the average developmental age of the children at the end of the period of intervention was four years and six months. At the start of intervention, their average developmental age was three years and three months. The children's gain after eight months of preschool experience, as seen in Figure 2, is 15 months. According to these results, Objective 3 was reached more than adequately.

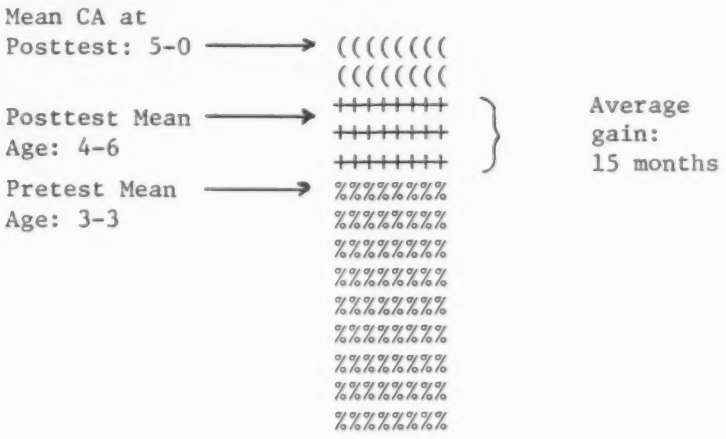

Figure 2. Average gain of participant at-risk preschoolers in socio-emotional skills after 8 months of intervention.

Compared with the progress made in the other areas, this was the least amount of progress which the children made. Moersch and Haskin (1981) suggest that the area of social and emotional competency reflect the influence of the caregivers more than the child's actual potential. In addition, these same authors point out that cultural

and environmental conditions in the family have a significant impact on a child's socio-emotional development. Thus, it is possible that this area requires more time or a greater amount of intervention before significant effects are realized. Nevertheless, considering the projected increase of six months, the gains made by the preschoolers in this area is significant and the objective was successfully met.

Objective 4

After the eighth month of intervention, at-risk preschoolers demonstrated a 26-month gain in self-care skills, based on the results yielded by the Preschool Developmental Profile.

This is another area where the children made their greatest gains and it is shown in Figure 3. The children's average posttest developmental age was 5 years 6 months and the mean pretest developmental age was 3 years 4 months. According to these results, Objective 4 was successfully met.

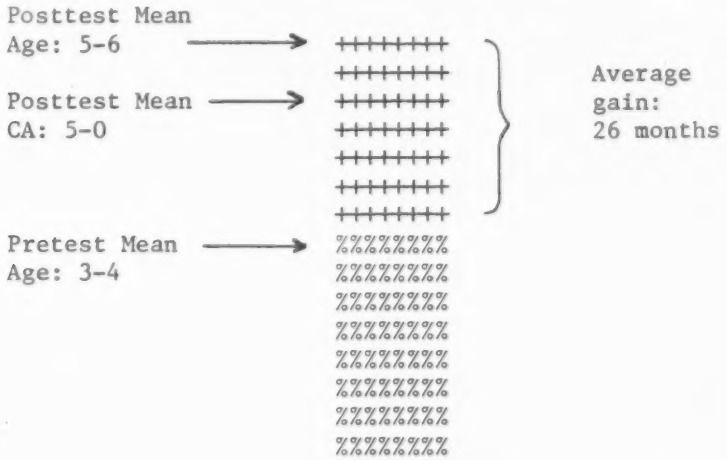

Figure 3. Average gain of participant at-risk preschoolers in self-care skills after 8 months of intervention.

Objective 5

At the end of eight months of intervention, at-risk preschoolers made a gain of 23 months in their gross motor skills according to assessment results using the Preschool Developmental Profile.

The gain of 23 months is depicted in Figure 4, along with the children's average developmental ages at the beginning and conclusion of intervention. Due to the observable qualities of motor behavior, skills in this area were the easiest to measure and the ones enjoyed most by the children.

According to the results presented in Figure 4, this objective which projected a gain of six months in gross motor skills was met with remarkable success.

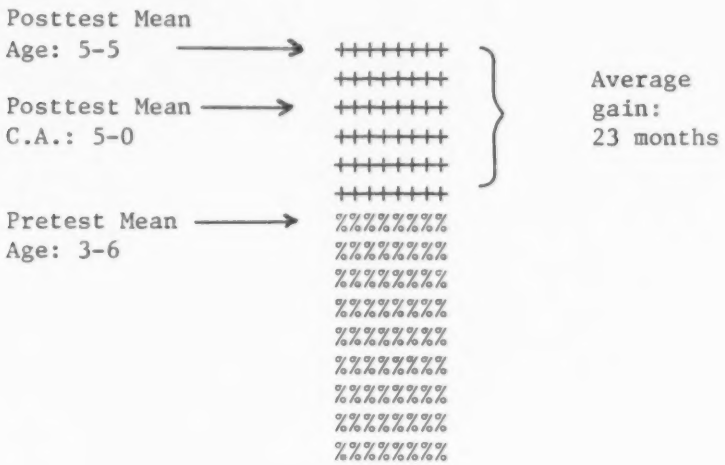

Figure 4. Average gain of participant at-risk preschoolers in their gross motor skills after 8 months of intervention.

Objective 6

After eight months of intervention, at-risk preschoolers achieved a 23-month increase in their perceptual and fine-motor development based on assessment results using the Preschool Development Profile.

Figure 5 shows that the average developmental level of the children at the start of their preschool experience was 3 years and 5 months. They progressed to an average of 5 years and 4 months at the end of the eighth month of intervention. The gain of 23 months indicates a developmental level that is four months beyond their average chronological age of five years. According to these results, Objective 6 was definitely reached with overwhelming success.

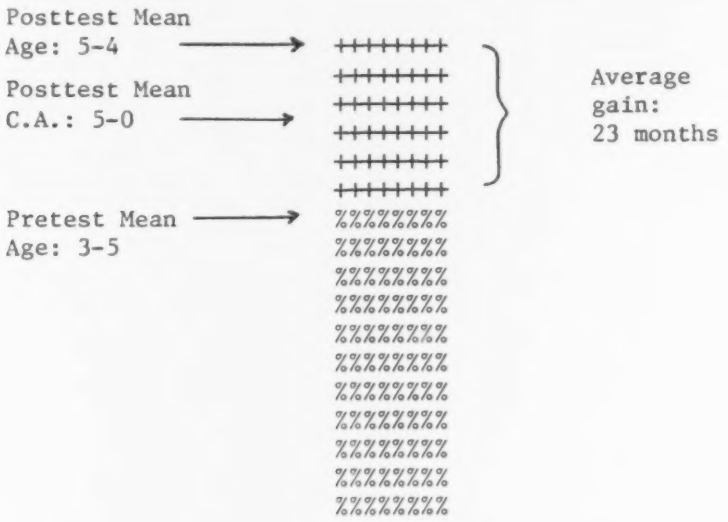

Figure 5. Average gain of participant at-risk preschoolers in their perceptual and fine-motor skills after 8 months of intervention.

D'Eugenio (1981) states that during the preschool years, the development of perceptual and fine-motor skills occur in two ways:

(a) The mastery of skills involving grasping, manipulating, and releasing, and (b) the application of these skill patterns to increase accuracy and speed in fine-motor tasks. Furthermore, she contends that it is the integration of the areas involving mastery of fine-motor movements, refinement of perceptual skills, and the child's cognitive understanding of his or her world that are given top consideration when assessing a child's readiness for formal schooling and planning for his/her curriculum.

Objective 7

By the end of the eighth month of intervention, at-risk preschoolers demonstrated a gain of 23 months in their speech and language skills, according to assessment results using the Preschool Developmental Profile.

Figure 6 shows the gain of 23 months as well as the average developmental ages of the children at pretest and posttest dates. The impressive results show that Objective 7 was achieved with significant success.

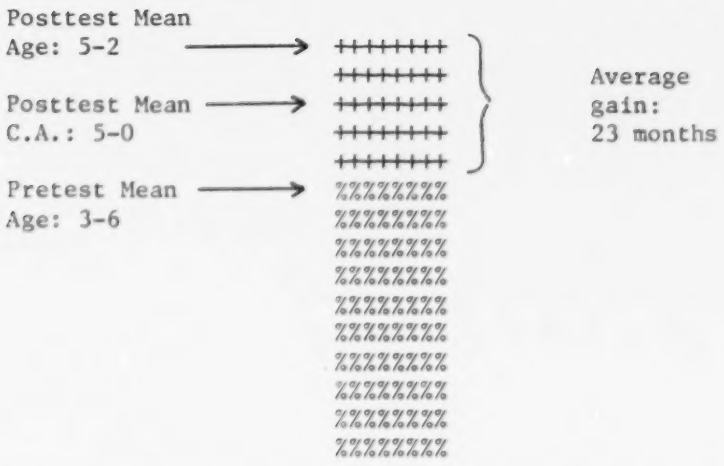

Figure 6. Average gain of participant at-risk preschoolers in their speech and language skills after 8 months of intervention.

Objective 8

During the eight month period of intervention, 58 out of the 67 parents or sets of parents of at-risk children enrolled in the preschool program attended at least five of the training sessions conducted for them.

Table 7 shows that a relatively significant number (19) attended all seven sessions. The majority (23) attended five workshops. Results indicate that almost 9 out of 10 parents attended the training workshops, reflecting their degree of involvement in their preschoolers' development. According to these outcomes, Objective 8, which projected that 70% of the parents would attend at least five workshops, was successfully met.

It should be pointed out that the numbers reported here do not reflect the total attendance at each workshop which included parents of not-at-risk children.

Table 7

Training Workshop Attendance of Parents of At-Risk Preschoolers Enrolled in the Preschool Program, From October 1990 to April 1991

Attendance category	No. of parents attended
Attended all sessions	19
Attended 6 out of 7	16
Attended 5 out of 7	23
Attended 4 out of 7	3
Attended 3 out of 7	4
Attended 2 out of 7	2
Attended 1 or none out of 7	0
Total	67

Objective 9

An average of 17 out of 20 parents of at-risk preschoolers who participated in the training workshops reported at least three out of five key concepts introduced at each workshop in interviews conducted with them.

Table 8 indicates that an average of 17 out of 20 parents interviewed after each training workshop were able to report at least three out of five key concepts introduced at that session. Only 3 out of the 20 parents recalled 0 to 2 key concepts. This exceeds the projected success ratio of 14 out of 20 parents and reflects the

positive impact of the workshops on them. It also portrays the commitment of these parents to be involved in the development of their young children. Results definitely indicate that Objective 9 was met successfully.

Table 8

Parent Recall of Key Concepts From Workshops (N = 20)

Workshop topics	No. of parents reporting	
	3-5 concepts	0-2 concepts
I. Growth and Development of the Young Child	18	2
II. Communicating with My Preschool Child	14	6
III. Health and Nutrition for the Young Child	19	1
IV. Discipline for the Preschool Child	18	2
V. Problem-Solving and Decision-Making for 3 - 4 Year Olds	15	5
VI. Building the Foundations of Effective Study Skills	18	2
VII. Access to Support Systems	15	5
Average	17	3

The implementation of this practicum generated outcomes that were not directly addressed in the objectives but are just as significant. They are reported here to give a complete picture of the preschool program during the period of implementation.

District Child Find and Identification Plan

The Child Find Committee drafted just one plan to recommend to the target school districts and is presented here as follows:

Recommended district plan for finding and identifying handicapped and/or at-risk children 0-5 years of age.

1. Objectives:
   - A. Office of the district superintendent will assign one school district personnel to coordinate child find and identification efforts throughout the school year.
   - B. Child find and identification activities will continue throughout the school year.
   - C. Child Find Coordinator will seek to enlist the cooperation of as many agencies, organizations, institutions, and individuals in the community to report handicapped and/or at-risk children 0-5 years of age and are not being served to the school district.
   - D. Intervention for reported handicapped and/or at-risk children will be initiated by the Child Find Coordinator as soon as feasible, working through the child's parents/ guardians and following due process standards.

2. Calendar of Activities:

July - September: Child Find Coordinator initiates contacts with community through letters, phone calls, or visits to enlist their help towards the district's goal to get an accurate count of the 0-5 year old at-risk and/or handicapped population in the community.

Suggested agencies, offices, and individuals to contact:

A. County Health Department

(1) Director of Nursing

(2) Public Health/School Health Supervisor

(3) Early Intervention Nurse

B. Local Medical Society, Clinics, and Offices

C. Local Churches

D. Local Day Care Centers and Nurseries

E. County Committee on Early Intervention

F. Parent-Teacher Organizations (Preschool PTA, Mothers of Preschoolers - MOPS)

G. Professionals (individuals in the community involved in early childhood education or care)

October - December: Involvement in statewide child-find campaigns of Child Find Coordinator.

January - March: Child Find Coordinator processes information received and initiates intervention process where applicable.

April - June: Child Find Coordinator meets with advisory committee to evaluate the year's activities; draft recommendations

and plans for the coming year. Submit report to the district superintendent.

School Attendance Patterns

To show the participation of the children in the preschool program, records of school attendance and anecdotal records of parent reports to teachers were used.

Table 9 shows a noticeable difference in the attendance patterns between the two districts. District A recorded a lower percentage of days the children were present in school and a higher average number of days that they were absent. The reason for this was the two-week strike of non-certified employees in the district which negatively affected school attendance of the children in the preschool program. The figures reported here refer to the total enrollment of both at-risk and not-at-risk pupils.

Table 9

Attendance Patterns of Preschoolers in Districts A and B for the 1990-91 School Year

	District A	District B
Total days present	5.757 (88%)	6.376 (99%)
Total days absent	657 (10%)	197 (3%)
Average days absent	9	2

Anecdotal records of parents' reports to the teachers indicate that the children love to come to school and miss the experience when they are not supposed to come as on weekends or holidays. Here are some of the comments from the parents:

1. "My child keeps asking whether it is 'today' that he should be in school and feels disappointed when he cannot come."

2. "My daughter is excited when she gets ready to come to school. She eagerly waits for the bus to pick her up."

3. "My son does not understand why he cannot be in school everyday like the other children."

The project involved both at-risk and not-at-risk children even if the intervention was mainly focused on at-risk children. Since both groups went through the same program, the gains of the not-at-risk group were also assessed and presented here as part of the outcomes of this practicum. Figure 7 gives a comparative picture of the gains made by the two groups of children. It shows the overwhelming impact of quality intervention on the development of at-risk young children.

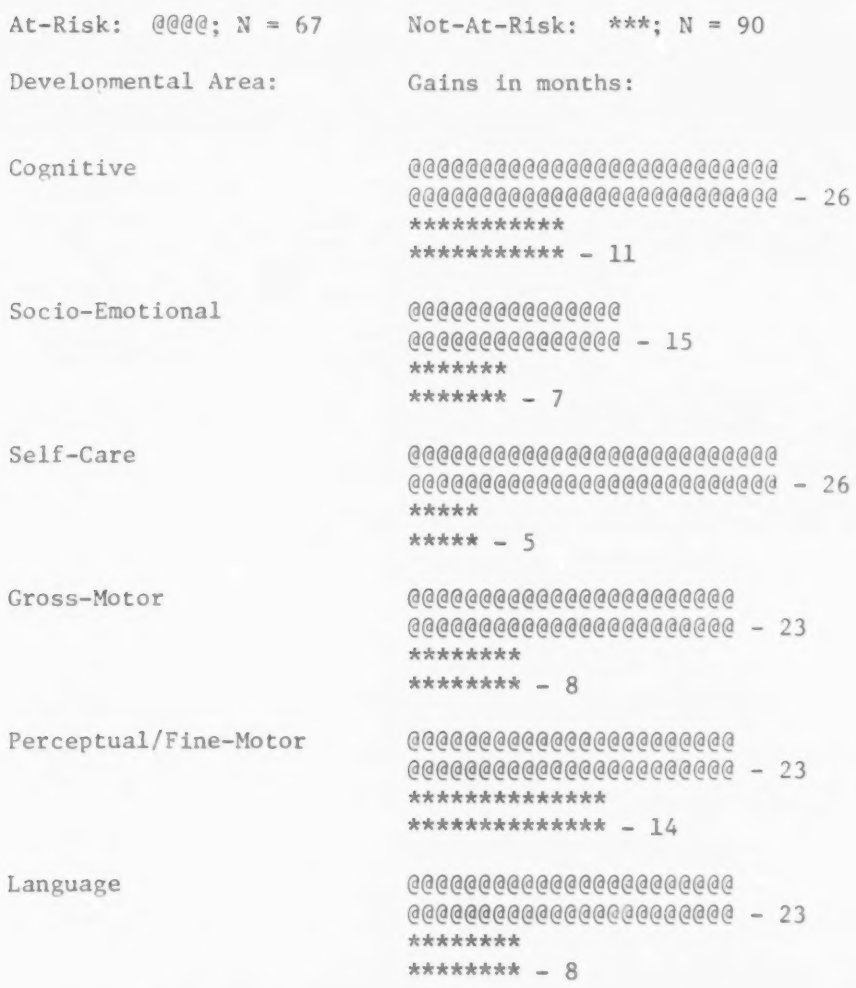

Figure 7. Comparative developmental gains in months of at-risk and not-at-risk practicum preschoolers after 8 months of intervention.

Program's Impact on Parents and Their Family Life

Some of the valuable outcomes of the practicum are those that involve the parents of the preschoolers. Comments from parents reflect changes in their concepts regarding early childhood development and preschool education. Here are a few of their recorded comments:

1. "At the start of this program, I was not happy with what was going on. I thought you (teachers) were not doing your jobs because my child was not bringing home drawings and crafts and was not writing her name. Now I understand you were looking at how much she knows and can do this year. I am glad that she was in the program."

2. "Before my child came to preschool, he was not very happy because I forced him to start writing his name and learn his A.B.C.'s. We ended up fighting. Now I understand what is best for him at this time and I don't force him anymore. There are other things that I can do with him which I learned from the workshops. Now, we are both happy."

3. "I am very pleased with the program. Most preschools emphasize 'teaching academics' rather than guiding."

It should be noted here, however, that many of the parents still feel that the children should do more crafts, drawing, and writing.

A number of parents were impressed with their child's growth in the socio-emotional area as reflected in these comments:

1. "I see that my child has grown much more socially and can be on her own in making contacts with her peers."

2. "The caring staff has 'opened the door' to my daughter's social life. She is more open to others now; more than she was eight months ago."

Some parents reported incidents which indicate that preschoolers bring home the concepts they learn in school and try to make an impact in their life at home. Here is an example:

After the special unit on "Keeping our Heart Healthy," a set of parents reported that their preschool child started to monitor their eating habits and reported that their child would ask: "Does that have cholesterol?" and would caution them about eating cholesterol-high foods.

A letter from a set of parents praised the teacher and the aide of the class where their child attended. They wrote: "Due to their (teachers) dedication, enthusiasm and drive, our children will be rewarded for years to come. The foundations they have built will be seen when our children meet their next challenge. . .Kindergarten!"

Parents found the training workshops helpful and offered their suggestions. This is what some of them said:

1. "I enjoyed the evening meetings. I have learned a lot of things that are helpful to me. I hope that the school will have them again next year and that I will be allowed to attend them even if my child will not be in preschool."

2. "The parent meetings covered a wide area of topics that gave information which I can use. I especially like the handouts of materials, booklets, and newsletters."

3. "I think the parent training workshops have been excellent. I hope they continue every year for other parents."

4. "The parent meetings were very valuable to us. Please continue with the supervised play for the children. That helped in making it possible for us to attend."

5. "The parent workshops were very informative; I always left each meeting having learned something new. I would like to

suggest that future workshops be held in a place where there is more room."

Conclusions

This practicum,which was designed to provide quality intervention to at-risk preschoolers in two school districts, was implemented from August 1990 through April 1991. It involved three teachers with preschool certification, three teacher aides, and a speech therapist providing services to 67 preschoolers identified as at-risk for academic difficulties and 90 who were not at-risk. Pre and posttesting were done at the start and finish of the implementation period to assess children's gains.

Seven training workshops were held to improve parenting skills of the children's parents and increase their knowledge about early childhood development and preschool education. To maintain quality instruction, supervision and consultant services were provided by county and district level supervisory personnel. This writer coordinated the programs in both districts.

The remarkable degree of success with which all practicum objectives were met generated the following conclusions.

Impact on Children

1. Active intervention for at-risk preschool children using developmentally appropriate activities and materials has a significant and positive impact on their development. It can effect substantial gains in the specific areas of cognition, language, self-care and

perceptual-fine-motor, gross-motor, and socio-emotional functions.

2. Quality intervention can increase children's knowledge of basic concepts to levels commensurate with or even surpassing chronological age expectations.

3. The effect of active and appropriate intervention is greater among children who are at-risk than on those who are not-at-risk.

4. A program of intervention for at-risk preschoolers can be a viable means of forging parent-teacher partnerships early in their academic careers which will result in long-term benefits for the children.

5. The school district and appropriate community agencies and organizations can unite their efforts to seek and identify handicapped children of preschool age to allow for early intervention.

Impact on Parents

1. Parents can learn the right concepts regarding development in early childhood and preschool education through training workshops and the effects of appropriate intervention on their own children.

2. Parents can be encouraged to attend training opportunities that are relevant to their needs.

3. Parents can serve as "models" to other parents in the acquisition of knowledge and skills and to foster the use of developmentally appropriate practices and materials in teaching preschool children.

Preschool Program Development

1. The teacher is the key factor to the success of a preschool

program. Parents readily recognize his/her influence on their children and attribute their children's academic development to them.

2. Ideal physical conditions are very important but they don't necessarily determine whether a program succeeds or not. Thus, a school district need not wait for the ideal situation to start one. A creative teacher can use what is less-ideal and use it as a good learning experience for the children.

3. A preschool program that adheres to the use of developmentally appropriate practices and materials can be very effective in generating support for more quality preschool programs in the district.

4. Not all children from economically-deprived families are delayed in their development, and not all children from economically adequate backgrounds are developmentally on-level when they come to school.

Assessment and Evaluation

1. Parents of the children in the program needed to be assured about pretesting and posttesting that their children had to go through.

2. Provided with adequate training and practice, parent volunteers make an excellent resource for assessment and testing when large numbers of children are involved.

3. Parents appreciated the end of the year individual conferences with the teacher and program coordinator. Majority of the parents asked for suggestions on activities for summer to maintain the gains that their children have made during the year.

Recommendations

Preschool Program Development

1. The preschool programs in both districts should be continued. Parents have started to recognize and appreciate the benefits of early intervention for at-risk children and this needs to be encouraged.

2. To maintain program quality, class size needs to be limited to 12 to 15 children. Classes with handicapped children should be no more than 12 with a 50/50 ratio of handicapped and non-handicapped preschoolers.

3. Staff selection should be given utmost consideration. The choice of teacher should be determined by the candidate's personal qualities which includes a sensitivity to the young child's individual needs, a strong background in early childhood development, and exemplary work experience.

4. The school district needs to have clear objectives for its preschool program which should be presented to the community, district school personnel, and the parents of the children to be served.

5. The preschool staff needs to be well-informed about the preschool program's objectives, and provided with adequate supervision, consultation services, and in-service opportunities.

6. Home visitation needs to be made an integral part of the preschool program to ensure optimum parent involvement and develop closer home-school relationships.

Parent Education and Training

1. Continue and expand the parent education component of the

preschool program by holding workshops for smaller groups to achieve maximum participation of parents.

2. Explore the possibility of holding these training workshops in places that are more accessible to parents with transportation problems.

3. Continue to accommodate parents' work needs when scheduling training sessions. Evening meetings seem to have worked best for this practicum.

4. Continue the practice of providing supervised play for children while parents attend the training sessions, using older school children interested in doing volunteer work. Be sure there is adult supervision for these student volunteers.

Program Coordination and Continuity

1. If the preschool program involves two districts and class enrollments totaling over 100, the responsibilities for preschool program coordination, parent training, and assessment and evaluation should be assigned to two or three staff members.

2. Hold individual parent/teacher conferences at the end of the school year to discuss child's progress and the maintenance of their gains during the summer months. A packet of suggested summer activities prepared by the teacher should be made available to the parents at these meetings.

3. To ease the transition of preschoolers into Kindergarten, there should be a meeting between the preschool and Kindergarten

teachers to ensure the child's adjustment and chances for success in the following school year.

4. A longitudinal study designed to follow the children's progress through school should be initiated to validate the successful outcomes of this practicum.

Dissemination

This writer plans to make a report to the county and district boards of education regarding the outcomes of this practicum and their potential impact on the quality of education in their districts.

Copies of an abbreviated form of this report will be sent to political and educational leaders in the national, state, and local levels to impress on them the wisdom and the importance of early intervention, as well as the dramatic effects of what developmentally appropriate practices and materials can do in enhancing the development of young children.

This writer will also seek to make presentations to state and local professional conferences, especially those on early childhood education (local parent, medical, health care, welfare service, and church groups to share the information from this project), and seek to help them see the positive results of early and appropriate intervention for young children who are at risk for academic failure.

Articles about this project will be written and sent to local papers and professional journals to publicize the positive results of early and appropriate intervention to children who are delayed in their development.

References

Alexander, S. & Lovelace, T. (1988). Lafayette early childhood evaluation project: 1987-88 academic year evaluation report. Lafayette, LA: Lafayette School Board.

Bracken, P. (1984). Bracken basic concept scale examiner's manual. U.S.A.: The Psychological Corporation, Harcourt Brace Jovanovich.

Bredekemp, S. (Ed.), (1987). Developmentally appropriate practices in early childhood programs serving children from birth to age 8. Washington, D.C.: National Association for the Education of Young Children.

Bronfenbrenner, U. (1984). A report on longitudinal evaluations of preschool programs Vol. II: Is early intervention effective? Washington, D.C.: Department of Health and Human Services. (ERIC Document Reproduction Service No. ED 093 501)

Brown, S., D'Eugenio, D., Drews, J., Haskins, J., Lynch, E., Moersch, M., & Rogers, S. (1981). Preschool developmental profile. In D. D'Eugenio & M. Moersch (Eds.), Developmental programming for infants and young children (Vols. 1-5). Ann Arbor, MI: University of Michigan Press.

Bryant, D. & Ramey, C. (1987). An analysis of the effectiveness of early intervention programs for at-risk children. In M. Guralnick & F. Bennett (Eds.), The effectiveness of early intervention for at-risk and handicapped children. Orlando, FL: Academic Press.

Caldwell, B. (1988, December). Early childhood education in the 21st century. Exchange.

Cavazos, L. (1989). Building bridges for at-risk children. The Education Digest, 55(3), 121-124.

Children's Defense Fund. (1988). A call for action to make our nation safe for our children: A briefing book on status of our children in 1988. Washington, D.C.

Curry, V. & Garrett, A. (1990, March 27). Poverty in Medina County. Medina County Gazette, pp. A-1, A-8.

Day, B. (1988). What's happening in early childhood programs? In C. Warger (Ed.), A resource guide to public schools early childhood programs. Alexandria, VA: Association for Supervision and Curriculum Development.

D'Eugenio, D. (1981). Perceptual/fine motor. In D. D'Eugenio & M. Moersch (Eds.), Developmental programming for infants and young children (Vol. 4). Ann Arbor, MI: University of Michigan Press.

Deutsch, M. (1973). Facilitating development in the preschool child: social and psychological perspectives. In J. Little & A. Brigham (Eds.). Emerging strategies in early childhood education. New York: MSS Information Corporation.

Drews, J. (1981). Gross motor. In D. D'Eugenio & M. Moersch (Eds.), Developmental programming for infants and young children (Vol. 4). Ann Arbor, MI: University of Michigan Press.

Edelman, M. (1987). Families in peril: an agenda for social change. Cambridge, MA: Harvard University Press.

Education for all handicapped children's act (PL 94-142). (1975). Washington, D.C.: U.S. Congress.

Education for all handicapped children's act amendments (PL 99-457). (1986). Washington, D.C.: U.S. Congress.

Education omnibus bill (Senate Bill 140). (1989). Columbus, OH: Ohio General Assembly.

Elkind, D. (1986, May). In defense of early childhood education. Principal, 65(5), pp. 6-9.

Elkind, D. (1988, January). Educating the very young: a call for clear thinking. [Special Edition]. National Education Association Today, 6(6), pp. 22-27.

Fallon, B. (Ed.). (1973). Innovative programs in early childhood education. Belmont, CA: Lear Sigler/Fearon.

Free appropriate public education by 1991. (Fall 1989). Columbus, OH: Central Ohio Special Education Regional Research Center (COSERRC).

Gerber, M. & Levine-Donnerstein, D. (1989). Educating all children: ten years later. The Council for Exceptional Children, 56(1), 17-27.

Hagin, R. A. (1984). Effects on first-grade promotion practices of a program for the prevention of learning disabilities. Psychology in the Schools, 21, pp. 471-476.

Haskins, R. (1989). Beyond metaphor: the efficacy of early childhood education. American Psychologist, 44(2), pp. 274-282.

Hohman, M., Banet, B., & Weikert, D. P. (1979). Establishing the daily routine, Chap. 2. Young Children in Action. Ypsilanti, MI: High Scope Press.

Honig, A. & Lally, J. (1982). The family development research program: retrospective review. Early Childhood Development and Care, 44(2), pp. 274-282.

Honig, A., Lally, J., & Mathieson, D. (1982). Personal-social adjustment of school children after five years in a family enrichment program. Child Care Quarterly, 11(2), pp. 138-146.

Jenkins, J., Odom, S., & Spelty, M. (1989). Effects of social integration on preschool children with handicaps. Exceptional Children, 55(5), 420-428.

Kagan, S. (1988, November). The changing world of early care and education: retrofitting practice and policy. Paper presented at the National Conference on Early Childhood Issues: Policy Options in Support of Children and Families. Washington, D.C. (ERIC Document Reproduction Service No. ED 301 344)

Kagan, S. (1989, October). Early care and education. Phi Delta Kappan, 71(2), pp. 105-106.

Karnes, M. & Slayton, V. (1988). Model programs for infants and toddlers with handicaps. In J. Jordan (Ed.), Early childhood special education: birth to three. Reston, VA: Council of Exceptional Children and its Division for Early Childhood.

Kochanek, T., Kabacoff, R., & Lipsitt, L. (1990). Early identification of developmentally disabled and at-risk preschool children. Exceptional Children, 56(6), 228-238.

Kunesh, L. (1989). Early education for at-risk children: a national perspective. Policy Briefs. Elmhurst, IL: North Central Regional Educational Laboratory.

Meisels, S., Harbin, G., Modigliani, K., & Olson, K. (1988). Formulating optimal state early childhood intervention policies. Exceptional Children, 55(6), 159-165.

Morrison, G. (1988). Early childhood education today (4th Ed.). Columbus, OH: Merrill.

Musselman, C., Wilson, A., & Lindsay, P. (1988). Effects of early intervention on hearing impaired children. Exceptional Children, 55(3), 222-228.

Neisworth, P. & Yawkey, T. (1985). Early childhood education from theory to practice. Monterrey, CA: Brooks/Cole.

Osborn, A. & Milbank, J. (1987). The effects of early education. Oxford, England: Clarendon Press.

Palmer, F. & Seigal, R. (1977). Minimal intervention at ages two to three and subsequent intellective changes. In M. Day & R. Parker (Eds.), The preschool in action. Boston, MA: Allyn and Bacon.

Pianta, R. (1990). Widening the debate on educational reform: prevention as a viable alternative. Exceptional Children, 56(4), 306-313.

Ramey, C. & Campbell, F. (1984). Preventive education for high-risk children: cognitive consequences of the Carolina Abecedarian Project. American Journal of Mental Deficiency, 88, 515-523.

Ramey, C. & Haskins, R. (1981). The causes and treatment of school failure: insight from the Carolina Abecedarian Project. In M. Begab, H. Haywood, & H. Garber (Eds.), Psychosocial influences in retarded performance (Vol. II), pp. 89-112. Baltimore, MD: University of Park Press.

Reed, S. & Sautter, C. (1990, June). Children of poverty [Kappan Special Report]. Phi Delta Kappan, 71(10), pp. K1-K12.

Riley, R. W. (1986). Can we reduce the risk of failure? Phi Delta Kappan, 68(4), pp. 214-219.

Robinson, C. (1988). Parent involvement. In J. Jordan (Ed.), Early childhood special education: birth to three. Reston, VA: Council for Exceptional Children and its Division for Early Childhood.

Rogers, S. & Lynch, E. (1981). Cognition. In D. D'Eugenio & M. Moersch (Eds.), Developmental planning for infants and young children (Vol. 4). Ann Arbor, MI: University of Michigan Press.

Rothenberg, J. (1990, May). An outcome study of an early intervention for specific learning disabilities. Journal of Learning Disabilities, 23(5), 317-319.

Schweinhart, L. & Weikart, D. (1983). The effects of the Perry Preschool Program on youths through age 15: a summary (pp. 71-101). In Consortium for longitudinal studies. As a twig is bent. . . lasting effects of preschool programs. Hillsdale, NJ: Erlbaum.

Schweinhart, L., Weikart, D., & Larner, M. (1986). Consequences of three preschool curriculum models through age 15. Early Childhood Research Quarterly, 1, pp. 15-45.

Scott-Jones, D. & Baker-Ward, L. (Fall, 1987). Public education for preschoolers. Tennessee's Children, 29(1), pp. 10-14.

Warger, C. (Ed.). (1988). A resource guide to public school early childhood programs. Alexandria, VA: Association for Supervision and Curriculum Development.

Weikart, D. (1988). Quality in early childhood education. In C. Warger (Ed.), A resource guide to public school early childhood programs (pp. 63-72). Alexandria, VA: Association for Supervision and Curriculum Development.

Weikart, D., Epstein, A., Schweinhart, L., & Bond, T. (1978). The Ypsilanti preschool curriculum demonstration project, preschool years and longitudinal results. Monographs of the High Scope Educational Research Foundation No. 4.

Weltner-Brunton, S., Serafica, F., & Freidt, G. (1988). Is earlier better? Reading achievement and WISC-R stability in earlier vs. later identified students with learning disabilities. Learning Disabilities Quarterly, 11(1).

White, K. R. (1985). Efficacy of early intervention. Journal of Special Education, 19, 401-418.

Yeates, M., McKenna, D., Warberg, C., & Chandler, K. (1990). Administering early childhood settings: the Canadian perspective. Columbus, OH: Merrill.

Zigler, E. (1986, May). Should four-year-olds be in school? Principal, 65, pp. 11-14.

APPENDIX A

PARENT TRAINING WORKSHOP ATTENDANCE RECORD

Parent's Name	Sessions I	II	III	IV	V	VI	VII
1.							
2.							
3.							
4.							
5.							
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18.							
19.							
20.							

APPENDIX B

INTERVIEW GUIDE WITH PARENTS

Name of Respondent:_____ Date:_____

1. After appropriate preliminary comments, refer to the workshop just held and ask these two general questions:

Question #A: In general, what did you think about the workshop we just had? (Refresh their memory if needed and record their responses.)

_____

_____

Question #B: What information, ideas, information presented at the workshop did you find useful? (List responses.)

_____

_____

_____

_____

The following are suggested questions to ask on each particular workshop:

Workshop I: Human Growth and Development: Preschool Years

1. How does a 3-4 year old child learn best?
2. What are the basic skills that a preschooler is capable of doing?
3. What is 'play' important to a young child?

Workshop II: Communicating with My Preschooler

4. What are the tips for effective communication?
5. What is reflective listening?
6. How do you use non-verbal cues in communicating with your preschooler?

Workshop III: Health and Nutrition for the Preschooler

7. What are the basic health needs of preschoolers?
8. Give examples of healthful snacks for young children.
9. How can I start to safeguard my child from alcohol, drug, and tobacco use?

Workshop IV: Discipline for the Young Child

10. How can parents set the stage for discipline?

Workshop V: Problem-Solving and Decision-Making

11. How can parents develop cooperation in the young child?
12. What are the tips for developing self esteem in the 3-4 year old?
13. How can parents help the young child set goals?

Workshop VI: Building Foundations to Effective Study Skills

14. How can parents provide support and encourage communication in the young child?
15. How can a parent be a 'model' for the building of good study skills?

Workshop VII: Access to Support Systems

16. How do you know when to seek support?
17. Name some resources in our community that are available to parents of young children.

NOTES:

APPENDIX C

PARENT TRAINING WORKSHOP EVALUATION FORM

Please take some time to respond to these questions:

I. Which topics were most helpful to you? Put a check mark before your choice.

_____ Growth and Development of the Preschool Child

_____ How to Communicate with My Preschooler

_____ Health and Nutrition for the Preschooler

_____ Discipline for the Preschool Child

_____ Problem-Solving and Decision-Making for the Preschool Child

_____ Building the Foundations to Effective Study Skills

_____ Access to Support Systems

II. List briefly the knowledge, concepts, or information gained by you from your attendance at these meetings.

III. Your suggestions to improve parent involvement meetings in the future.

IV. Your general impression of the preschool program which was in operation this year. Use back side if you need more space for suggestions.

Thank you very much for your input. Your response is greatly appreciated. Please return this form back to _____ by _____.

APPENDIX D

VOLUNTEER PARENT TRAINING WORKSHOP

_____ Date

_____ Place

I. Objectives:

A. Volunteer parents will understand the reasons for pretesting/posttesting our preschoolers.

B. Volunteer parents will be able to administer a portion or portions of the Preschool Developmental Profile.

II. Agenda:

A. Greetings and introductions

B. Explanation of the purpose of pre/posttesting as part of the preschool program

C. Presentation: The Preschool Developmental Profile

D. Practice Session

E. Break

F. Discussion

G. Delineation of responsibilities

H. Checkout materials and supplies

I. Adjournment